

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input checked="" type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on 07 / 22 / 2016 in the State of LA

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period 05 / 05 / 2016 through 07 / 02 / 2016

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 07 / 08 / 2016

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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**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="2016"/>		<input type="text" value="121630.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="43772.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="31022.85"/>	<input type="text" value="90202.41"/>
(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="74794.89"/>	<input type="text" value="211833.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="45400.00"/>	<input type="text" value="182438.51"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29394.89"/>	<input type="text" value="29394.89"/>
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).....	28945.03	71716.08
(ii) Unitemized	2077.82	18486.33
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31022.85	90202.41
(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)	31022.85	90202.41
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))..... ▶	31022.85	90202.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31022.85	90202.41

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.....	45400.00	182400.00
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	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	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)) ..	45400.00	182438.51
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	45400.00	182438.51

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)	31022.85	90202.41
34. Total Contribution Refunds (from Line 28(d))	0.00	38.51
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31022.85	90163.90
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 141
	<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. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800942
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883606
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929298
 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: PAGE 8 OF 141
(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. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Old Landing Road
 City State Zip Code
 Ocean City MD 21842
 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 ▼
 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146820
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 152 Old Landing Road
 City State Zip Code
 Ocean City MD 21842
 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 ▼
 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192819
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Ms. Kathy Beckett
 Full Name (Last, First, Middle Initial)
 Mailing Address 8444 Tibet Butler Dr
 City State Zip Code
 Windermere FL 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Clinical Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : A2016-1173547
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
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 141
	<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. Ms. Kathy Beckett			Date of Receipt MM / DD / YYYY 06 / 10 / 2016 Transaction ID : A2016-1126709		
Mailing Address 8444 Tibet Butler Dr			Amount of Each Receipt this Period 19.24		
City Windermere	State FL	Zip Code 34786	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 230.88			
Name of Employer Select Medical Corporation		Occupation Vice President of Clinical Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) B. Ms. Kathy Beckett			Date of Receipt MM / DD / YYYY 06 / 24 / 2016 Transaction ID : A2016-1172913		
Mailing Address 8444 Tibet Butler Dr			Amount of Each Receipt this Period 19.24		
City Windermere	State FL	Zip Code 34786	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.12			
Name of Employer Select Medical Corporation		Occupation Vice President of Clinical Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name (Last, First, Middle Initial) C. Mr. Robert J Bein			Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : A2016-800943		
Mailing Address 545 Mud College Road			Amount of Each Receipt this Period 76.93		
City Littlestown	State PA	Zip Code 17340	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 692.37			
Name of Employer Select Medical Corporation		Occupation Vice President (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional).....▶	115.41
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 10 OF 141
(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
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert J Bein
Full Name (Last, First, Middle Initial)
Mailing Address 545 Mud College Road

City Littlestown	State PA	Zip Code 17340
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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 ▼
769.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : A2016-883607

Amount of Each Receipt this Period
76.93

Memo Item

B. Mr. Robert J Bein
Full Name (Last, First, Middle Initial)
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 ▼
846.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929299

Amount of Each Receipt this Period
76.93

Memo Item

C. Mr. Robert J Bein
Full Name (Last, First, Middle Initial)
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 ▼
923.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146834

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 11 OF 141
(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. 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 ▼
1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192833

Amount of Each Receipt this Period
76.93

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Dionisio Bencomo

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929300

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Dionisio Bencomo

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146813

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41

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 141
	<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. Dionisio Bencomo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192812
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mr. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **692.37**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-801028
 Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **769.30**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883691
 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: (check only one)	PAGE 13 OF 141
	<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. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929382
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 923.16

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146865
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192864
 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: (check only one)	PAGE 14 OF 141
	<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. Ms. Kelly L Blake
Full Name (Last, First, Middle Initial)
Mailing Address 3269 Blue Goose Road
City Nicktown State PA Zip Code 15762
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929301
Amount of Each Receipt this Period 19.24
 Memo Item

B. Ms. Kelly L Blake
Full Name (Last, First, Middle Initial)
Mailing Address 3269 Blue Goose Road
City Nicktown State PA Zip Code 15762
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146839
Amount of Each Receipt this Period 19.24
 Memo Item

C. Ms. Kelly L Blake
Full Name (Last, First, Middle Initial)
Mailing Address 3269 Blue Goose Road
City Nicktown State PA Zip Code 15762
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Administrator (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192838
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 15 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 06 / 03 / 2016
Transaction ID : A2016-929302
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt
 06 / 17 / 2016
Transaction ID : A2016-1146845
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mr. Michael S Boggs
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 07 / 01 / 2016
Transaction ID : A2016-1192844
 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: PAGE 16 OF 141
(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. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800947
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883611
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929303
 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: (check only one)	PAGE 17 OF 141
	<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. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **923.16**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146787
 Amount of Each Receipt this Period **76.93**
 Memo Item

B. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.09**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192786
 Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 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 **1730.79**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800948
 Amount of Each Receipt this Period **192.31**
 Memo Item

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: (check only one)	PAGE 18 OF 141
	<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. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 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 ▼ 1923.10

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883612
 Amount of Each Receipt this Period
 192.31
 Memo Item

B. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 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 ▼ 2115.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929304
 Amount of Each Receipt this Period
 192.31
 Memo Item

C. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 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 ▼ 2307.72

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146801
 Amount of Each Receipt this Period
 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 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 **2500.03**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192800
 Amount of Each Receipt this Period **192.31**
 Memo Item

B. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 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 **1730.79**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800949
 Amount of Each Receipt this Period **192.31**
 Memo Item

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 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 **1923.10**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883613
 Amount of Each Receipt this Period **192.31**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
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 20 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 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 ▼ 2115.41

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929305
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 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 ▼ 2307.72

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146819
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Mr. Robert H Brehm
 Full Name (Last, First, Middle Initial)
 Mailing Address 605 Chestnut St.
 City Stirling State NJ Zip Code 07980
 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 ▼ 2500.03

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192818
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 141
	<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. Robert G Breighner		Date of Receipt MM / DD / YYYY 05 / 06 / 2016 Transaction ID : A2016-800950
Mailing Address 613 Carrie Drive		Amount of Each Receipt this Period 76.93
City Dallastown	State PA	Zip Code 17313
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 692.37	

Full Name (Last, First, Middle Initial) B. Mr. Robert G Breighner		Date of Receipt MM / DD / YYYY 05 / 20 / 2016 Transaction ID : A2016-883614
Mailing Address 613 Carrie Drive		Amount of Each Receipt this Period 76.93
City Dallastown	State PA	Zip Code 17313
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 769.30	

Full Name (Last, First, Middle Initial) C. Mr. Robert G Breighner		Date of Receipt MM / DD / YYYY 06 / 03 / 2016 Transaction ID : A2016-929306
Mailing Address 613 Carrie Drive		Amount of Each Receipt this Period 76.93
City Dallastown	State PA	Zip Code 17313
FEC ID number of contributing federal political committee. C	Memo Item <input type="checkbox"/>	
Name of Employer Select Medical Corporation	Occupation Vice President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 846.23	

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 22 OF 141
	<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. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 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 **923.16**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146805
 Amount of Each Receipt this Period **76.93**
 Memo Item

B. Mr. Robert G Breighner
 Full Name (Last, First, Middle Initial)
 Mailing Address 613 Carrie Drive
 City Dallastown State PA Zip Code 17313
 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 **1000.09**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192804
 Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 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 **1038.51**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800951
 Amount of Each Receipt this Period **115.39**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
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 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883615
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 1269.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929307
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 1384.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146789
 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).....▶	

**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 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Thomas Buckingham
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 Chantilly Court
 City Mechanicsburg State PA Zip Code 17050
 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 **1500.07**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192788
 Amount of Each Receipt this Period **115.39**
 Memo Item

B. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 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 **692.37**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800952
 Amount of Each Receipt this Period **76.93**
 Memo Item

c. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 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 **769.30**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883616
 Amount of Each Receipt this Period **76.93**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **269.25**
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 25 OF 141
	<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. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 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 **846.23**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929308
 Amount of Each Receipt this Period **76.93**
 Memo Item

B. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 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 **923.16**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146858
 Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. Raymond F Carnevale
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Gemini Dr. Apt. 305
 City Madison State WI Zip Code 53718
 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 **1000.09**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192857
 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 26 OF 141
(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 ▼ 1038.51

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-800953
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 1153.90

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883617
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1269.29

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929309
 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)..... ▶

**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 141
	<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. 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 ▼ 1384.68

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146795
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 1500.07

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192794
 Amount of Each Receipt this Period 115.39
 Memo Item

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 ▼ 346.23

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-800955
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.25
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 141
(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. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City State Zip Code
 Grand Haven MI 49417
 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 ▼
 384.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883619
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City State Zip Code
 Grand Haven MI 49417
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929310
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Mr. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City State Zip Code
 Grand Haven MI 49417
 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 ▼
 461.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146864
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41
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 29 OF 141
(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. Jevne R Conover
 Full Name (Last, First, Middle Initial)
 Mailing Address 11896 Lakeshore Drive
 City State Zip Code
 Grand Haven MI 49417
 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 ▼
 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192863
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City State Zip Code
 West Chester PA 19380
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929311
 Amount of Each Receipt this Period
 19.24
 Memo Item

c. Mrs. Carolyn N Curnane
 Full Name (Last, First, Middle Initial)
 Mailing Address 1615 Linda Drive
 City State Zip Code
 West Chester PA 19380
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146797
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.95
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 30 OF 141
(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. Carolyn N Curnane
 Mailing Address 1615 Linda Drive
 City State Zip Code
 West Chester PA 19380
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192796
 Amount of Each Receipt this Period
 19.24
 Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Brian E Davis
 Mailing Address 1211 High Hollow
 City State Zip Code
 Mechanicsburg PA 17050
 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 ▼
 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800957
 Amount of Each Receipt this Period
 115.39
 Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Brian E Davis
 Mailing Address 1211 High Hollow
 City State Zip Code
 Mechanicsburg PA 17050
 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 ▼
 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883621
 Amount of Each Receipt this Period
 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
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 31 OF 141
(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. Brian E Davis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1269.29

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929312
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1384.68

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146815
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Brian E Davis
 Full Name (Last, First, Middle Initial)
 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 ▼ 1500.07

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192814
 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)..... ▶

**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 32 OF 141
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lora A Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3022 Eagle Point Way
 City Tallahassee State FL Zip Code 32312
 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 ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800958
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mrs. Lora A Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3022 Eagle Point Way
 City Tallahassee State FL Zip Code 32312
 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 ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883622
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mrs. Lora A Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 3022 Eagle Point Way
 City Tallahassee State FL Zip Code 32312
 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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929313
 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).....▶	

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

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

FOR LINE NUMBER: PAGE 33 OF 141
(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
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 3022 Eagle Point Way
City Tallahassee State FL Zip Code 32312
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 **1384.68**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146835
Amount of Each Receipt this Period **115.39**
 Memo Item

B. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)
Mailing Address 3022 Eagle Point Way
City Tallahassee State FL Zip Code 32312
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 **1500.07**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192834
Amount of Each Receipt this Period **115.39**
 Memo Item

C. 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 **346.23**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800959
Amount of Each Receipt this Period **38.47**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **269.25**
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 34 OF 141
(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 ▼ 384.70

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883623
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 423.17

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929314
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 1038.51

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-800960
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 192.33
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 35 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883624
 Amount of Each Receipt this Period
 115.39
 Memo Item

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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929315
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. 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 ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146803
 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).....▶	

**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 36 OF 141
	<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. 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 **1500.07**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192802
 Amount of Each Receipt this Period **115.39**
 Memo Item

B. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City Grosse Pointe Park State MI Zip Code 48230
 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 **346.23**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800961
 Amount of Each Receipt this Period **38.47**
 Memo Item

C. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City Grosse Pointe Park State MI Zip Code 48230
 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 **384.70**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883625
 Amount of Each Receipt this Period **38.47**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	192.33
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 37 OF 141
(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. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 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 ▼
 500.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929316
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 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 ▼
 615.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146849
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mrs. Miriam R Deemer
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Trombley
 City State Zip Code
 Grosse Pointe Park MI 48230
 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 ▼
 730.87

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192848
 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)..... ▶

**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 38 OF 141
	<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. 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 ▼ **1038.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : A2016-800962

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼ **1153.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : A2016-883626

Amount of Each Receipt this Period
115.39

Memo Item

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 ▼ **1269.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : A2016-929317

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).....	

**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 40 OF 141
	<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. Bahl D Derek
Full Name (Last, First, Middle Initial)
Mailing Address 24 Tavern House Hill

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
769.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : A2016-883700

Amount of Each Receipt this Period
76.93

Memo Item

B. Bahl D Derek
Full Name (Last, First, Middle Initial)
Mailing Address 24 Tavern House Hill

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.23

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929391

Amount of Each Receipt this Period
76.93

Memo Item

C. Bahl D Derek
Full Name (Last, First, Middle Initial)
Mailing Address 24 Tavern House Hill

City Mechanicsburg	State PA	Zip Code 17050
-----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.16

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146832

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: (check only one)	PAGE 41 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Bahl D Derek
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Tavern House Hill
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192831
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Robert DiLullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 860 Beachwood Road
 City Havertown State PA Zip Code 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt 05 / 13 / 2016
Transaction ID : A2016-800935
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Mr. Robert DiLullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 860 Beachwood Road
 City Havertown State PA Zip Code 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 27 / 2016
Transaction ID : A2016-1173548
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	153.87
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 42 OF 141
(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. Robert DiLullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 860 Beachwood Road
 City State Zip Code
 Havertown PA 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Operations (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 461.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : A2016-1126705
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Mr. Robert DiLullo
 Full Name (Last, First, Middle Initial)
 Mailing Address 860 Beachwood Road
 City State Zip Code
 Havertown PA 19083
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Operations (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.11

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : A2016-1172914
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Mr. Philip J Driscoll
 Full Name (Last, First, Middle Initial)
 Mailing Address 38 Van Doren Way
 City State Zip Code
 Belle Mead NJ 08502
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929318
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.18
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 43 OF 141
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Philip J Driscoll
Full Name (Last, First, Middle Initial)

Mailing Address 38 Van Doren Way

City	State	Zip Code
Belle Mead	NJ	08502

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146818

Amount of Each Receipt this Period
 19.24

Memo Item

B. Mr. Philip J Driscoll
Full Name (Last, First, Middle Initial)

Mailing Address 38 Van Doren Way

City	State	Zip Code
Belle Mead	NJ	08502

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192817

Amount of Each Receipt this Period
 19.24

Memo Item

C. Mr. David D Engelhardt
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City	State	Zip Code
Roseville	MN	55113

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 ▼
1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800964

Amount of Each Receipt this Period
 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
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 44 OF 141
(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 D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 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 ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883628
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 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 ▼ 1269.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929319
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. David D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 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 ▼ 1384.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146800
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 45 OF 141
(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 D Engelhardt
 Full Name (Last, First, Middle Initial)
 Mailing Address 2772 Irene Circle
 City Roseville State MN Zip Code 55113
 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 ▼ 1500.07

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192799
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Paul G Finkbeiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929320
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mr. Paul G Finkbeiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146785
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 153.87
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 46 OF 141
	<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. Paul G Finkbeiner
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 Strayer Drive
 City Carlisle State PA Zip Code 17013
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192784
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 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 **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929321
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146842
 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 47 OF 141
	<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. Ms. Patti Finnegan
 Full Name (Last, First, Middle Initial)
 Mailing Address 939 Arlington Glen Drive
 City Fenton State MO Zip Code 63026
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192841
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mr. Scott A Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Fairground Road
 City Newport State PA Zip Code 17074
 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 **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929322
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Mr. Scott A Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Fairground Road
 City Newport State PA Zip Code 17074
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146848
 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: PAGE 48 OF 141
(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. Scott A Gardner
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 Fairground Road
 City State Zip Code
 Newport PA 17074
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192847
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : A2016-1173549
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Mr. Peter J Gillard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 Madera Court
 City State Zip Code
 Allen TX 75013
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : A2016-1126708
 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: PAGE 49 OF 141
(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. Peter J Gillard

Mailing Address 1001 Madera Court

City State Zip Code
Allen TX 75013

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : A2016-1172915

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Mark Gombotz

Mailing Address 35 Mallard Lane

City State Zip Code
Kensington CT 06037

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : A2016-1173550

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 35 Mallard Lane

City State Zip Code
Kensington CT 06037

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : A2016-1126707

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 50 OF 141
	<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. Mark Gombotz
Full Name (Last, First, Middle Initial)

Mailing Address 35 Mallard Lane

City Kensington State CT Zip Code 06037

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : A2016-1172916

Amount of Each Receipt this Period
 19.24

Memo Item

B. Mr. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City Gulf Breeze State FL Zip Code 32563

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 ▼ 1038.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800968

Amount of Each Receipt this Period
 115.39

Memo Item

C. Mr. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City Gulf Breeze State FL Zip Code 32563

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 ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883632

Amount of Each Receipt this Period
 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.02
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 51 OF 141
	<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. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City State Zip Code
Gulf Breeze FL 32563

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 ▼
1269.29

Date of Receipt
MM / DD / YYYY
06 / 03 / 2016

Transaction ID : A2016-929323

Amount of Each Receipt this Period
115.39

Memo Item

B. Mr. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City State Zip Code
Gulf Breeze FL 32563

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 ▼
1384.68

Date of Receipt
MM / DD / YYYY
06 / 17 / 2016

Transaction ID : A2016-1146853

Amount of Each Receipt this Period
115.39

Memo Item

C. Mr. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City State Zip Code
Gulf Breeze FL 32563

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 ▼
1500.07

Date of Receipt
MM / DD / YYYY
07 / 01 / 2016

Transaction ID : A2016-1192852

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).....▶	

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

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

FOR LINE NUMBER: PAGE 52 OF 141
(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. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 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 ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800969
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883633
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929324
 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 53 OF 141
(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. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 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 ▼ 923.16

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146843
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City New Cumberland State PA Zip Code 17070
 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 ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192842
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Randal S Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 N. Bonita Avenue
 City Panama City State FL Zip Code 32401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-801029
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 192.33
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 54 OF 141
(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. Randal S Hamilton

Mailing Address 615 N. Bonita Avenue

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Select Medical Corporation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883692

Amount of Each Receipt this Period
 38.47

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Randal S Hamilton

Mailing Address 615 N. Bonita Avenue

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Select Medical Corporation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929383

Amount of Each Receipt this Period
 38.47

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Randal S Hamilton

Mailing Address 615 N. Bonita Avenue

City State Zip Code
Panama City FL 32401

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

Name of Employer Occupation
Select Medical Corporation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146837

Amount of Each Receipt this Period
 38.47

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41

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 55 OF 141
	<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. Randal S Hamilton
 Full Name (Last, First, Middle Initial)
 Mailing Address 615 N. Bonita Avenue
 City Panama City State FL Zip Code 32401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.11**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192836
 Amount of Each Receipt this Period **38.47**
 Memo Item

B. Ms. Lora K Hammaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Tax (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929384
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Ms. Lora K Hammaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Tax (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146811
 Amount of Each Receipt this Period **19.24**
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... **76.95**
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 56 OF 141
	<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. Ms. Lora K Hammaker
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Tax (Ex) - 001
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192810
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 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 **1730.79**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800970
 Amount of Each Receipt this Period **192.31**
 Memo Item

C. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 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 **1923.10**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883634
 Amount of Each Receipt this Period **192.31**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.86
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 57 OF 141
(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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Doctor Samuel I Hammerman

Mailing Address 239 Butler Street

City Kingston State PA Zip Code 18704

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 ▼
2115.41

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929325

Amount of Each Receipt this Period
 192.31

Memo Item

Full Name (Last, First, Middle Initial)
B. Doctor Samuel I Hammerman

Mailing Address 239 Butler Street

City Kingston State PA Zip Code 18704

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 ▼
2307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146857

Amount of Each Receipt this Period
 192.31

Memo Item

Full Name (Last, First, Middle Initial)
C. Doctor Samuel I Hammerman

Mailing Address 239 Butler Street

City Kingston State PA Zip Code 18704

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 ▼
2500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192856

Amount of Each Receipt this Period
 192.31

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 576.93

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 58 OF 141
(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. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 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 ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800971
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883635
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929326
 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 59 OF 141
(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. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 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 ▼ 923.16

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146824
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 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 ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192824
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Ms. Robin Hedeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 15 W Main St PO 194
 City Brookside State NJ Zip Code 07926
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929327
 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 60 OF 141
(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

A. Ms. Robin Hedeman
Full Name (Last, First, Middle Initial)
Mailing Address 15 W Main St PO 194

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

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 ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146817

Amount of Each Receipt this Period
19.24

Memo Item

B. Ms. Robin Hedeman
Full Name (Last, First, Middle Initial)
Mailing Address 15 W Main St PO 194

City Brookside	State NJ	Zip Code 07926
-------------------	-------------	-------------------

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 ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : A2016-1192816

Amount of Each Receipt this Period
19.24

Memo Item

C. Mr. David J Huffman
Full Name (Last, First, Middle Initial)
Mailing Address 2915 Arcona Road

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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 ▼
1038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : A2016-800973

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
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 61 OF 141
(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. David J Huffman

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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 ▼
1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883637

Amount of Each Receipt this Period
115.39

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. David J Huffman

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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 ▼
1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929328

Amount of Each Receipt this Period
115.39

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. David J Huffman

Mailing Address 2915 Arcona Road

City Mechanicsburg State PA Zip Code 17055

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 ▼
1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146822

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 62 OF 141
(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. David J Huffman
 Mailing Address 2915 Arcona Road
 City State Zip Code
 Mechanicsburg PA 17055
 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 ▼
 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192821
 Amount of Each Receipt this Period
 115.39
 Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Stephanie R James
 Mailing Address 740 Parkins Mill Rd.
 City State Zip Code
 Greenville SC 29607
 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 ▼
 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800974
 Amount of Each Receipt this Period
 115.39
 Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Stephanie R James
 Mailing Address 740 Parkins Mill Rd.
 City State Zip Code
 Greenville SC 29607
 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 ▼
 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883638
 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)..... ▶

**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 63 OF 141
	<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. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 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 **1269.29**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929329
 Amount of Each Receipt this Period **115.39**
 Memo Item

B. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 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 **1384.68**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146846
 Amount of Each Receipt this Period **115.39**
 Memo Item

C. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 Mailing Address 740 Parkins Mill Rd.
 City Greenville State SC Zip Code 29607
 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 **1500.07**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192845
 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).....	

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

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

FOR LINE NUMBER: PAGE 64 OF 141
(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. Harry M Jewett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801031
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Harry M Jewett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883694
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Harry M Jewett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929385
 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: (check only one)	PAGE 65 OF 141
	<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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Harry M Jewett
Full Name (Last, First, Middle Initial)

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146867

Amount of Each Receipt this Period
 76.93

Memo Item

B. Mr. Harry M Jewett
Full Name (Last, First, Middle Initial)

Mailing Address 4714 Gettysburg Road

City Mechanicsburg State PA Zip Code 17055

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

Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192866

Amount of Each Receipt this Period
 76.93

Memo Item

C. Collen E Jones
Full Name (Last, First, Middle Initial)

Mailing Address 5625 N. 139th Ave

City Omaha State NE Zip Code 68164

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

Name of Employer Select Medical Corporation Occupation VP Clinical SVCS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929392

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: (check only one)	PAGE 66 OF 141
	<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. David F Key
Full Name (Last, First, Middle Initial)
Mailing Address 1286 Brayshore Drive
City Collierville State TN Zip Code 38017
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 **692.37**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800975
Amount of Each Receipt this Period **76.93**
 Memo Item

B. Mr. David F Key
Full Name (Last, First, Middle Initial)
Mailing Address 1286 Brayshore Drive
City Collierville State TN Zip Code 38017
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 **769.30**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883639
Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. David F Key
Full Name (Last, First, Middle Initial)
Mailing Address 1286 Brayshore Drive
City Collierville State TN Zip Code 38017
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 **846.23**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929330
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: (check only one)	PAGE 67 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146810
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192809
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mrs. Peggy L Kingston
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Brewster
 City Rochester Hills State MI Zip Code 48309
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929331
 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: (check only one)	PAGE 68 OF 141
	<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. Mrs. Peggy L Kingston
Full Name (Last, First, Middle Initial)

Mailing Address 228 Brewster

City Rochester Hills State MI Zip Code 48309

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146808

Amount of Each Receipt this Period
 19.24

Memo Item

B. Mrs. Peggy L Kingston
Full Name (Last, First, Middle Initial)

Mailing Address 228 Brewster

City Rochester Hills State MI Zip Code 48309

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192807

Amount of Each Receipt this Period
 19.24

Memo Item

C. Mr. Kristofer C Kitzke
Full Name (Last, First, Middle Initial)

Mailing Address 873 Winterfields Drive

City Cordova State TN Zip Code 38018

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929332

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 69 OF 141
	<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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Kristofer C Kitzke
Full Name (Last, First, Middle Initial)

Mailing Address 873 Winterfields Drive

City Cordova State TN Zip Code 38018

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 ▼ **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146854

Amount of Each Receipt this Period **19.24**

Memo Item

B. Mr. Kristofer C Kitzke
Full Name (Last, First, Middle Initial)

Mailing Address 873 Winterfields Drive

City Cordova State TN Zip Code 38018

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 ▼ **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192853

Amount of Each Receipt this Period **19.24**

Memo Item

C. Ms. Wilma D Knight
Full Name (Last, First, Middle Initial)

Mailing Address 5167 Carlson Dairy Road

City Summerfield State NC Zip Code 27358

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 ▼ **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929333

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: PAGE 70 OF 141
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Ms. Wilma D Knight

Mailing Address 5167 Carlson Dairy Road

City Summerfield State NC Zip Code 27358

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 ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : A2016-1146850

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Ms. Wilma D Knight

Mailing Address 5167 Carlson Dairy Road

City Summerfield State NC Zip Code 27358

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 ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : A2016-1192849

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Mrs. Laurie Kozorosky

Mailing Address 730 North Marian Street

City Ebensburg State PA Zip Code 15931

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 ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : A2016-929334

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 71 OF 141
	<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. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146788
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mrs. Laurie Kozorosky
 Full Name (Last, First, Middle Initial)
 Mailing Address 730 North Marian Street
 City Ebensburg State PA Zip Code 15931
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192787
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 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 **692.37**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800980
 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).....	

**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 72 OF 141
	<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. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883644
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929335
 Amount of Each Receipt this Period
 76.93
 Memo Item

C. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 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 ▼ 923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146791
 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: (check only one)	PAGE 73 OF 141
	<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. Aleksey N Kurmakov
Full Name (Last, First, Middle Initial)

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 ▼ 1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192790

Amount of Each Receipt this Period
 76.93

Memo Item

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

Mailing Address 44 Sunfire Avenue

City Camp Hill State PA Zip Code 17011

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

Name of Employer Select Medical Corporation Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801035

Amount of Each Receipt this Period
 76.93

Memo Item

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

Mailing Address 44 Sunfire Avenue

City Camp Hill State PA Zip Code 17011

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

Name of Employer Select Medical Corporation Occupation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883698

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 74 OF 141
(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. Mary Lacey

Mailing Address 44 Sunfire Avenue

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Select Medical Corporation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929389

Amount of Each Receipt this Period
 76.93

Memo Item

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

Mailing Address 44 Sunfire Avenue

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Select Medical Corporation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
923.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146814

Amount of Each Receipt this Period
 76.93

Memo Item

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

Mailing Address 44 Sunfire Avenue

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Select Medical Corporation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.09

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192813

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 75 OF 141
(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. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 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 ▼ 692.37

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800981
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 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 ▼ 769.30

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883645
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Bernard Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 26 Joseph Drive
 City Boiling Springs State PA Zip Code 17007
 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 ▼ 846.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929336
 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 76 OF 141
(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. Bernard Lewandowski

Mailing Address 26 Joseph Drive

City Boiling Springs State PA Zip Code 17007

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 ▼ **923.16**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146809

Amount of Each Receipt this Period **76.93**

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Bernard Lewandowski

Mailing Address 26 Joseph Drive

City Boiling Springs State PA Zip Code 17007

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 ▼ **1000.09**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192808

Amount of Each Receipt this Period **76.93**

Memo Item

Full Name (Last, First, Middle Initial)
C. Ms. Lauren B Lindley

Mailing Address 36 Indian Bayou Drive

City Destin State FL Zip Code 32541

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.70**

Date of Receipt **05 / 13 / 2016**
Transaction ID : A2016-800938

Amount of Each Receipt this Period **38.47**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **192.33**

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 77 OF 141
	<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

A. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 27 / 2016
Transaction ID : A2016-1173551
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 10 / 2016
Transaction ID : A2016-1126706
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Ms. Lauren B Lindley
 Full Name (Last, First, Middle Initial)
 Mailing Address 36 Indian Bayou Drive
 City Destin State FL Zip Code 32541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President of Operations (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt 06 / 24 / 2016
Transaction ID : A2016-1172917
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
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 78 OF 141
	<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. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 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 **1038.42**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800982
 Amount of Each Receipt this Period **115.38**
 Memo Item

B. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 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 **1153.80**

Date of Receipt **05 / 20 / 2016**
Transaction ID : A2016-883646
 Amount of Each Receipt this Period **115.38**
 Memo Item

C. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 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 **1269.18**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929337
 Amount of Each Receipt this Period **115.38**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	346.14
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 79 OF 141
	<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. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City State Zip Code
 Schwenksville PA 19473
 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 ▼
 1384.56

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146799
 Amount of Each Receipt this Period
 115.38
 Memo Item

B. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City State Zip Code
 Schwenksville PA 19473
 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 ▼
 1499.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192798
 Amount of Each Receipt this Period
 115.38
 Memo Item

C. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City State Zip Code
 Coal Township PA 17866
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929338
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	250.00
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: (check only one)	PAGE 80 OF 141
	<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. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146821
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mr. Brian Mann
 Full Name (Last, First, Middle Initial)
 Mailing Address 1060 Trevorton Road
 City Coal Township State PA Zip Code 17866
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192820
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929339
 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 81 OF 141
	<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. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146793
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mr. Christopher L Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Cline Hollow Road
 City Export State PA Zip Code 15632
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192792
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Mr. Anthony J Martino
 Full Name (Last, First, Middle Initial)
 Mailing Address 2421 W Barbie Lane
 City Phoenix State AZ Zip Code 85085
 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 **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929340
 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 82 OF 141
	<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. Mrs. Debora A Martoccio
Full Name (Last, First, Middle Initial)
Mailing Address 4511 Gulfwinds Drive

City Lutz	State FL	Zip Code 33558
--------------	-------------	-------------------

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 ▼
211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929341

Amount of Each Receipt this Period
19.24

Memo Item

B. Mrs. Debora A Martoccio
Full Name (Last, First, Middle Initial)
Mailing Address 4511 Gulfwinds Drive

City Lutz	State FL	Zip Code 33558
--------------	-------------	-------------------

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 ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146838

Amount of Each Receipt this Period
19.24

Memo Item

C. Mrs. Debora A Martoccio
Full Name (Last, First, Middle Initial)
Mailing Address 4511 Gulfwinds Drive

City Lutz	State FL	Zip Code 33558
--------------	-------------	-------------------

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 ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : A2016-1192837

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: PAGE 83 OF 141
(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. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 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 ▼ 692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800987
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883651
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 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 ▼ 884.69

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929342
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.25
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 84 OF 141
(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. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 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 ▼ 1000.08

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146840
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 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 ▼ 1115.47

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192839
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-800988
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 85 OF 141
(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. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883652
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929343
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146790
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 86 OF 141
(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. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 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: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192789
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. James McNulty
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-800989
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. James McNulty
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 Woodside Avenue
 City Narberth State PA Zip Code 19072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883653
 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)..... ▶

**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 87 OF 141
	<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. Mr. James McNulty
Full Name (Last, First, Middle Initial)

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929344

Amount of Each Receipt this Period
 115.39

Memo Item

B. Mr. James McNulty
Full Name (Last, First, Middle Initial)

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146798

Amount of Each Receipt this Period
 115.39

Memo Item

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

Mailing Address 208 Woodside Avenue

City Narberth State PA Zip Code 19072

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

Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192797

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).....	

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

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

FOR LINE NUMBER: PAGE 88 OF 141
(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. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 269.31

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-800990
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 384.70

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883654
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Thomas P Mullin
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 St James Court
 City Mechanicsburg State PA Zip Code 17050
 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 ▼ 500.09

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929345
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 89 OF 141
(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. Thomas P Mullin

Mailing Address 215 St James Court

City Mechanicsburg State PA Zip Code 17050

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 ▼ **615.48**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : A2016-1146826

Amount of Each Receipt this Period
115.39

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Thomas P Mullin

Mailing Address 215 St James Court

City Mechanicsburg State PA Zip Code 17050

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 ▼ **730.87**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2016

Transaction ID : A2016-1192825

Amount of Each Receipt this Period
115.39

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Gregory C Nichols

Mailing Address 608 Castlebrook Dr

City Prattville State AL Zip Code 36066

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

Name of Employer Select Medical Corporation Occupation President of Network Development (E)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : A2016-929346

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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 90 OF 141
	<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. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146830
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mr. Gregory C Nichols
 Full Name (Last, First, Middle Initial)
 Mailing Address 608 Castlebrook Dr
 City Prattville State AL Zip Code 36066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President of Network Development (E)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192829
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. 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 **1038.51**

Date of Receipt **05 / 06 / 2016**
Transaction ID : A2016-800992
 Amount of Each Receipt this Period **115.39**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
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 91 OF 141
(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. Sharon A Noro

Mailing Address 24 3rd Street

City State Zip Code
Aspinwall PA 15215

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 ▼
1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883656

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 24 3rd Street

City State Zip Code
Aspinwall PA 15215

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 ▼
1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929347

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 24 3rd Street

City State Zip Code
Aspinwall PA 15215

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 ▼
1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146836

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)..... ▶

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

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

FOR LINE NUMBER: PAGE 92 OF 141
(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. Sharon A Noro
 Full Name (Last, First, Middle Initial)
 Mailing Address 24 3rd Street
 City State Zip Code
 Aspinwall PA 15215
 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 ▼
 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192835
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Ron A Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Marie Curie Drive
 City State Zip Code
 Garland TX 75042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation CEO/Administrator (Ex) - 001
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929386
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Mr. Ron A Norris
 Full Name (Last, First, Middle Initial)
 Mailing Address 2300 Marie Curie Drive
 City State Zip Code
 Garland TX 75042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation CEO/Administrator (Ex) - 001
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146868
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 153.87
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 93 OF 141
	<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. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.79

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929348
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 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 ▼ 423.18

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146851
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. John F O'Malley
 Full Name (Last, First, Middle Initial)
 Mailing Address 5614 Wembley Court
 City Clarkston State MI Zip Code 48346
 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 ▼ 538.57

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192850
 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).....▶	

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

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

FOR LINE NUMBER: PAGE 94 OF 141
(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
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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. Mr. Jon P O'Malley
Full Name (Last, First, Middle Initial)
Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
----------------------	-------------	-------------------

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 ▼
211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929349

Amount of Each Receipt this Period
19.24

Memo Item

B. Mr. Jon P O'Malley
Full Name (Last, First, Middle Initial)
Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
----------------------	-------------	-------------------

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 ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146841

Amount of Each Receipt this Period
19.24

Memo Item

C. Mr. Jon P O'Malley
Full Name (Last, First, Middle Initial)
Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
----------------------	-------------	-------------------

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 ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : A2016-1192840

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: PAGE 95 OF 141
(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. Mrs. Genise Pedrick

Mailing Address 4771 Sweetshade Drive

City State Zip Code
Sarasota FL 34241

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929350

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. William L Pegler

Mailing Address 4714 Gettysburg Road

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Occupation
Select Medical Corporation Vice President, Operations (Ex) - 0

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801033

Amount of Each Receipt this Period
115.39

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. William L Pegler

Mailing Address 4714 Gettysburg Road

City State Zip Code
Mechanicsburg PA 17055

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

Name of Employer Occupation
Select Medical Corporation Vice President, Operations (Ex) - 0

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883696

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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 97 OF 141
(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. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929351
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146856
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Mrs. Lisa J Pettrey
 Full Name (Last, First, Middle Initial)
 Mailing Address 5625 Preswick Drive
 City State Zip Code
 Dublin OH 43017
 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 ▼
 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192855
 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: PAGE 98 OF 141
(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. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929352
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146807
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mr. Steve C Plumlee
 Full Name (Last, First, Middle Initial)
 Mailing Address 12311 Bonnybridge Lane
 City Knoxville State TN Zip Code 37922
 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 ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192806
 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: PAGE 99 OF 141
(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. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City Garland State TX Zip Code 75043
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929353
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City Garland State TX Zip Code 75043
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146860
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mr. Fabian E Polo
 Full Name (Last, First, Middle Initial)
 Mailing Address 4713 Parkhaven Dr.
 City Garland State TX Zip Code 75043
 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 ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192859
 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: PAGE 100 OF 141
(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. Ms. Budine Pucylowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 140 Old Vineyard Lane
 City State Zip Code
 Heath TX 75032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President of Business Developm
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929354
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City State Zip Code
 Meridian MS 39305
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929355
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Mr. John C Quinn
 Full Name (Last, First, Middle Initial)
 Mailing Address 381 Longwood Drive
 City State Zip Code
 Meridian MS 39305
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146844
 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: PAGE 101 OF 141
(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. 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192843
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 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 ▼ 346.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801001
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoona Drive
 City Cornelius State NC Zip Code 28031
 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 ▼ 384.70

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883665
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 96.18
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 102 OF 141
(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. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 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 ▼ 423.17

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929356
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 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 ▼ 461.64

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146829
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Ms. Chandelle L Rhodes
 Full Name (Last, First, Middle Initial)
 Mailing Address 20528 Lagoon Drive
 City Cornelius State NC Zip Code 28031
 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 ▼ 500.11

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192828
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.41
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 103 OF 141
(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. Kristin A Rogitz

Mailing Address 4851 E Augusta Avenue

City Chandler State AZ Zip Code 85249

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 ▼ **211.64**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929357

Amount of Each Receipt this Period
 19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Mrs. Kristin A Rogitz

Mailing Address 4851 E Augusta Avenue

City Chandler State AZ Zip Code 85249

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 ▼ **230.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146783

Amount of Each Receipt this Period
 19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Mrs. Kristin A Rogitz

Mailing Address 4851 E Augusta Avenue

City Chandler State AZ Zip Code 85249

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 ▼ **250.12**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192782

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**

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FOR LINE NUMBER: PAGE 104 OF 141
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 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Timothy J Rolsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 17387 Creekside Circle
 City North Royalton State OH Zip Code 44133
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929358
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mr. Timothy J Rolsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 17387 Creekside Circle
 City North Royalton State OH Zip Code 44133
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146847
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mr. Timothy J Rolsen
 Full Name (Last, First, Middle Initial)
 Mailing Address 17387 Creekside Circle
 City North Royalton State OH Zip Code 44133
 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 ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192846
 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**

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FOR LINE NUMBER: PAGE 105 OF 141
(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. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 27 / 2016
Transaction ID : A2016-1173552

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 10 / 2016
Transaction ID : A2016-1126703

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Doctor Jason Rubel

Mailing Address 2027 Sun Flower Ct.

City State Zip Code
Chesterfield MO 63017

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 24 / 2016
Transaction ID : A2016-1172918

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 106 OF 141
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	<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. 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 ▼
1730.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : A2016-801004

Amount of Each Receipt this Period
192.31

Memo Item

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 ▼
1923.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	20	/	2016

Transaction ID : A2016-883668

Amount of Each Receipt this Period
192.31

Memo Item

C. 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 ▼
2115.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929359

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
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 107 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼
2307.72

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146802

Amount of Each Receipt this Period
 192.31

Memo Item

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 ▼
2500.03

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192801

Amount of Each Receipt this Period
 192.31

Memo Item

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 ▼
692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801005

Amount of Each Receipt this Period
 76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	461.55
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 108 OF 141
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	<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. 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 ▼ **769.30**

Date of Receipt **05 / 20 / 2016**

Transaction ID : A2016-883669

Amount of Each Receipt this Period **76.93**

Memo Item

B. 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 ▼ **846.23**

Date of Receipt **06 / 03 / 2016**

Transaction ID : A2016-929360

Amount of Each Receipt this Period **76.93**

Memo Item

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 ▼ **923.16**

Date of Receipt **06 / 17 / 2016**

Transaction ID : A2016-1146861

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: (check only one)	PAGE 109 OF 141
	<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. 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 ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192860
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Ms. Beth R Sarfaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt 05 / 13 / 2016
Transaction ID : A2016-800940
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Ms. Beth R Sarfaty
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Wall Street
 City West Long Branch State NJ Zip Code 07764
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation VP Clinical Svcs & Quality Mgmt (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 05 / 27 / 2016
Transaction ID : A2016-1173553
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	153.87
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 110 OF 141
	<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. Ms. Beth R Sarfaty
Full Name (Last, First, Middle Initial)
Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation VP Clinical Svcs & Quality Mgmt (Ex)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2016

Transaction ID : A2016-1126704

Amount of Each Receipt this Period

38.47

 Memo Item

B. Ms. Beth R Sarfaty
Full Name (Last, First, Middle Initial)
Mailing Address 34 Wall Street

City West Long Branch	State NJ	Zip Code 07764
--------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation VP Clinical Svcs & Quality Mgmt (Ex)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.11

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	24	/	2016

Transaction ID : A2016-1172919

Amount of Each Receipt this Period

38.47

 Memo Item

C. Ms. Megan P Schmidt
Full Name (Last, First, Middle Initial)
Mailing Address 16 Lake Village Court

City Johnson City	State TN	Zip Code 37601
----------------------	-------------	-------------------

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 ▼
1038.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	06	/	2016

Transaction ID : A2016-801006

Amount of Each Receipt this Period

115.39

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	192.33
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 111 OF 141
(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. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 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 ▼ 1153.90

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883670
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 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 ▼ 1269.29

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929361
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 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 ▼ 1384.68

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146823
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 112 OF 141
(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. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 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 ▼ 1500.07

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192823
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801008
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1685 North 700 West
 City Columbus State IN Zip Code 47201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883672
 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)..... ▶

**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 113 OF 141
	<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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Gloria J Skinner
Full Name (Last, First, Middle Initial)
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Chief Nursing Officer (Ex)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1269.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929363

Amount of Each Receipt this Period
115.39

Memo Item

B. Mrs. Gloria J Skinner
Full Name (Last, First, Middle Initial)
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Chief Nursing Officer (Ex)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1384.68

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146792

Amount of Each Receipt this Period
115.39

Memo Item

C. Mrs. Gloria J Skinner
Full Name (Last, First, Middle Initial)
Mailing Address 1685 North 700 West

City Columbus	State IN	Zip Code 47201
------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Chief Nursing Officer (Ex)
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.07

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : A2016-1192791

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).....	

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

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

FOR LINE NUMBER: PAGE 114 OF 141
(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. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 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 ▼ 1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801007
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 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 ▼ 1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883671
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 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 ▼ 1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929362
 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)..... ▶

**SCHEDULE A (FEC Form 3X)
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FOR LINE NUMBER: PAGE 115 OF 141
(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. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 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 ▼ 1384.68

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146852
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 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 ▼ 1500.07

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192851
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mrs. Jeanne M Slane
 Full Name (Last, First, Middle Initial)
 Mailing Address 6537 Caldecott Drive
 City Naples State FL Zip Code 34113
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929364
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
TOTAL This Period (last page this line number only)..... ▶

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

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FOR LINE NUMBER: PAGE 116 OF 141
(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. Jeanne M Slane
 Full Name (Last, First, Middle Initial)
 Mailing Address 6537 Caldecott Drive
 City Naples State FL Zip Code 34113
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146796
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Mrs. Jeanne M Slane
 Full Name (Last, First, Middle Initial)
 Mailing Address 6537 Caldecott Drive
 City Naples State FL Zip Code 34113
 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 ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192795
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Ms. Robin R Smith
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Bonnywick Drive
 City Harrisburg State PA Zip Code 17111
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929365
 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**

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FOR LINE NUMBER: PAGE 117 OF 141
(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. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 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 ▼ 692.37

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-801012
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 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 ▼ 769.30

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883675
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 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 ▼ 846.23

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929366
 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: (check only one)	PAGE 118 OF 141
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	<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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. John J St. Leger
Full Name (Last, First, Middle Initial)

Mailing Address 634 Blue Ridge Road

City Pittsburgh State PA Zip Code 15239

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 ▼ 923.16

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146833

Amount of Each Receipt this Period 76.93

Memo Item

B. Mr. John J St. Leger
Full Name (Last, First, Middle Initial)

Mailing Address 634 Blue Ridge Road

City Pittsburgh State PA Zip Code 15239

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 ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192832

Amount of Each Receipt this Period 76.93

Memo Item

C. Justin E Stover
Full Name (Last, First, Middle Initial)

Mailing Address 1619 Fox Follow Raod

City Mechicsburg State PA Zip Code 17055

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

Name of Employer Select Medical Corporation Occupation Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-801036

Amount of Each Receipt this Period 115.39

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 269.25

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 119 OF 141
(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. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883699
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929390
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146804
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 120 OF 141
(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. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City State Zip Code
 Mechicsburg PA 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192803
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City State Zip Code
 Bloomington IN 47401
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929367
 Amount of Each Receipt this Period
 19.24
 Memo Item

c. Mr. Kurt S Streepy
 Full Name (Last, First, Middle Initial)
 Mailing Address 3128 Mattatha Drive
 City State Zip Code
 Bloomington IN 47401
 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 ▼
 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146806
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ► 153.87
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 121 OF 141
(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. Kurt S Streepy

Mailing Address 3128 Mattatha Drive

City State Zip Code
Bloomington IN 47401

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192805

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City State Zip Code
San Antonio TX 78259

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929368

Amount of Each Receipt this Period
19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Sean A Stricker

Mailing Address 2835 Elm Tree Park

City State Zip Code
San Antonio TX 78259

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146825

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 122 OF 141
	<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. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 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 **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929369
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146786
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Ms. Connie L Strickland
 Full Name (Last, First, Middle Initial)
 Mailing Address 1104 OakTree Drive
 City Edmond State OK Zip Code 73025
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192785
 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 123 OF 141
	<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. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 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 **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : A2016-929370
 Amount of Each Receipt this Period **19.24**
 Memo Item

B. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 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 **230.88**

Date of Receipt **06 / 17 / 2016**
Transaction ID : A2016-1146828
 Amount of Each Receipt this Period **19.24**
 Memo Item

C. Mrs. Linda K Supplee
 Full Name (Last, First, Middle Initial)
 Mailing Address 115 E. Willow Drive
 City Zanesville State OH Zip Code 43701
 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 **250.12**

Date of Receipt **07 / 01 / 2016**
Transaction ID : A2016-1192827
 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: PAGE 124 OF 141
(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. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 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 ▼ 1038.51

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-801017
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 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 ▼ 1153.90

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883680
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 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 ▼ 1269.29

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929371
 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)..... ▶

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

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

FOR LINE NUMBER: PAGE 125 OF 141
(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. Thomas N Theroult
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City State Zip Code
 Omaha NE 68127
 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 ▼
 1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146794
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Thomas N Theroult
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City State Zip Code
 Omaha NE 68127
 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 ▼
 1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192793
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City State Zip Code
 North Richland Hills TX 76182
 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 ▼
 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929372
 Amount of Each Receipt this Period
 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02
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 126 OF 141
(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. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City North Richland Hills State TX Zip Code 76182
 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 ▼ 230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146859
 Amount of Each Receipt this Period
 19.24
 Memo Item

B. Mr. Jeffrey D Thompson
 Full Name (Last, First, Middle Initial)
 Mailing Address 6840 N. Park Dr.
 City North Richland Hills State TX Zip Code 76182
 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 ▼ 250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192858
 Amount of Each Receipt this Period
 19.24
 Memo Item

C. Ms. Linda M Tiemens
 Full Name (Last, First, Middle Initial)
 Mailing Address 1558 South Fern Place
 City Broken Arrow State OK Zip Code 74012
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929373
 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 127 OF 141
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	<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. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1038.51**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 06 / 2016

Transaction ID : A2016-801034

Amount of Each Receipt this Period
115.39

Memo Item

B. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1153.90**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : A2016-883697

Amount of Each Receipt this Period
115.39

Memo Item

C. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1269.29**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : A2016-929388

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).....	

**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 128 OF 141
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1384.68**

Date of Receipt **06 / 17 / 2016**
Transaction ID : **A2016-1146869**

Amount of Each Receipt this Period **115.39**

Memo Item

B. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.07**

Date of Receipt **07 / 01 / 2016**
Transaction ID : **A2016-1192867**

Amount of Each Receipt this Period **115.39**

Memo Item

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

Mailing Address 18 Richard Road

City East Brunswick State NJ Zip Code 08816

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 ▼ **211.64**

Date of Receipt **06 / 03 / 2016**
Transaction ID : **A2016-929374**

Amount of Each Receipt this Period **19.24**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ **250.02**

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 129 OF 141
(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. Loran Vocaturo
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Richard Road
 City East Brunswick State NJ Zip Code 08816
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146816
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Loran Vocaturo
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Richard Road
 City East Brunswick State NJ Zip Code 08816
 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 ▼ 250.12

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192815
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 692.37

Date of Receipt 05 / 06 / 2016
Transaction ID : A2016-801021
 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).....▶

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

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

FOR LINE NUMBER: PAGE 130 OF 141
(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. 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 ▼ 769.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883684
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 846.23

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929375
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Robert S Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5707 TPC Parkway Apt 1626
 City San Antonio State TX Zip Code 78261
 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 ▼ 211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929376
 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: (check only one)	PAGE 131 OF 141
	<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

A. Mr. Robert S Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5707 TPC Parkway Apt 1626

City San Antonio	State TX	Zip Code 78261
---------------------	-------------	-------------------

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146862

Amount of Each Receipt this Period
 19.24

Memo Item

B. Mr. Robert S Ward
 Full Name (Last, First, Middle Initial)
 Mailing Address 5707 TPC Parkway Apt 1626

City San Antonio	State TX	Zip Code 78261
---------------------	-------------	-------------------

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192861

Amount of Each Receipt this Period
 19.24

Memo Item

C. Mr. Randall K Watts
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 Pleasant View Drive

City Etters	State PA	Zip Code 17319
----------------	-------------	-------------------

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 ▼
211.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929377

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: PAGE 132 OF 141
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City	State	Zip Code
Etters	PA	17319

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 ▼
230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146812

Amount of Each Receipt this Period
 19.24

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Randall K Watts

Mailing Address 200 Pleasant View Drive

City	State	Zip Code
Etters	PA	17319

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192811

Amount of Each Receipt this Period
 19.24

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. Frank J Weber

Mailing Address 456 Sorrel Lane

City	State	Zip Code
Milton	WV	25541

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 ▼
692.37

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801024

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).....▶	

**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 133 OF 141
	<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. Mr. Frank J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Sorrel Lane
 City Milton State WV Zip Code 25541
 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 ▼ 769.30

Date of Receipt 05 / 20 / 2016
Transaction ID : A2016-883687
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Frank J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Sorrel Lane
 City Milton State WV Zip Code 25541
 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 ▼ 846.23

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929378
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Frank J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Sorrel Lane
 City Milton State WV Zip Code 25541
 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 ▼ 923.16

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146827
 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 134 OF 141
(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. Frank J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Sorrel Lane
 City Milton State WV Zip Code 25541
 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 ▼ 1000.09

Date of Receipt 07 / 01 / 2016
Transaction ID : A2016-1192826
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mrs. Andrea F White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Jacobs Lane
 City Vestavia Hills State AL Zip Code 35216
 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 ▼ 211.64

Date of Receipt 06 / 03 / 2016
Transaction ID : A2016-929379
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Mrs. Andrea F White
 Full Name (Last, First, Middle Initial)
 Mailing Address 1817 Jacobs Lane
 City Vestavia Hills State AL Zip Code 35216
 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 ▼ 230.88

Date of Receipt 06 / 17 / 2016
Transaction ID : A2016-1146855
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.41
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 135 OF 141
(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. Andrea F White

Mailing Address 1817 Jacobs Lane

City State Zip Code
Vestavia Hills AL 35216

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 ▼
250.12

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192854

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 9670 Rod Road

City State Zip Code
Alpharetta GA 30022

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 ▼
1038.51

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2016
Transaction ID : A2016-801026

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 9670 Rod Road

City State Zip Code
Alpharetta GA 30022

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 ▼
1153.90

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2016
Transaction ID : A2016-883689

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 250.02

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 136 OF 141
(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
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 9670 Rod Road

City	State	Zip Code
Alpharetta	GA	30022

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 ▼
1269.29

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 03 / 2016
Transaction ID : A2016-929380

Amount of Each Receipt this Period
 115.39

Memo Item

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

Mailing Address 9670 Rod Road

City	State	Zip Code
Alpharetta	GA	30022

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 ▼
1384.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 17 / 2016
Transaction ID : A2016-1146784

Amount of Each Receipt this Period
 115.39

Memo Item

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

Mailing Address 9670 Rod Road

City	State	Zip Code
Alpharetta	GA	30022

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 ▼
1500.07

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2016
Transaction ID : A2016-1192783

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).....	

**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 137 OF 141
	<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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Eric A Yap
Full Name (Last, First, Middle Initial)
Mailing Address 6082 Castlebury Boulevard

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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 ▼
211.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : A2016-929381

Amount of Each Receipt this Period
19.24

Memo Item

B. Mr. Eric A Yap
Full Name (Last, First, Middle Initial)
Mailing Address 6082 Castlebury Boulevard

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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 ▼
230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : A2016-1146863

Amount of Each Receipt this Period
19.24

Memo Item

C. Mr. Eric A Yap
Full Name (Last, First, Middle Initial)
Mailing Address 6082 Castlebury Boulevard

City Hilliard	State OH	Zip Code 43026
------------------	-------------	-------------------

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 ▼
250.12

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2016

Transaction ID : A2016-1192862

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).....▶	28945.03

**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. Georgians for Isakson

Mailing Address Post Office Box 250116

City Atlanta State GA Zip Code 30325

Purpose of Disbursement Contribution

011

Candidate Name

Johnny Isakson

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY
06 / 16 / 2016

Transaction ID : B617089

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Gus Rantz for Louisiana

Mailing Address PO Box 80053

City Lafayette State LA Zip Code 70598

Purpose of Disbursement Contribution

011

Candidate Name

Gus Rantz

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼

State: LA District: 03

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2016

Transaction ID : B602226

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Great Lakes PAC

Mailing Address 700 13th Street NW #600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016
 Primary General Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : B617005

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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. Stabenow for US Senate

Mailing Address P.O. Box 4945

City East Lansing State MI Zip Code 48826

Purpose of Disbursement Contribution

011

Candidate Name

Debbie Stabenow

Category/
Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: MI District:

Date of Disbursement

MM / DD / YYYY
06 / 15 / 2016

Transaction ID : B617004

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Protecting the Majority Fund

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2016

Transaction ID : B602829

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Pennsylvania Democratic Party

Mailing Address 229 State St

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : B604511

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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. Katie McGinty for Senate

Mailing Address P.O. Box 22447

City Philadelphia State PA Zip Code 19110

Purpose of Disbursement Contribution

011

Candidate Name

Katie A McGinty

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2016

Transaction ID : B604510

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ORRINPAC

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : B604788

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Hatch Election Committee Inc

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

011

Candidate Name

Orrin G Hatch

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement

MM / DD / YYYY
06 / 09 / 2016

Transaction ID : B604786

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

A. Hatch Election Committee Inc

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027

Purpose of Disbursement Contribution

Candidate Name **Orrin G Hatch**

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: UT District:

Date of Disbursement: MM / DD / YYYY
06 / 09 / 2016

Transaction ID : **B604787**

Amount of Each Disbursement this Period: 400.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	400.00
TOTAL This Period (last page this line number only).....▶	45400.00