

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Select Medical Corporation PAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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

### 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

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

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

Election on  /  /  in the State of

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

Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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

Walters, William, , ,

Type or Print Name of Treasurer

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

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		<input type="text" value="122587.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="62505.12"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8578.13"/>	<input type="text" value="139715.41"/>
(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="71083.25"/>	<input type="text" value="262303.25"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2000.00"/>	<input type="text" value="193220.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69083.25"/>	<input type="text" value="69083.25"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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. 05/2016)

Write or Type Committee Name

**Select Medical Corporation PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2017 To: M M / D D / Y Y Y Y Y Y  
07 / 26 / 2017

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).....	8289.54	112892.27
(ii) Unitemized .....	288.59	26823.14
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8578.13	139715.41
(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) .....	8578.13	139715.41
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)).....▶	8578.13	139715.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8578.13	139715.41

**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	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	198200.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	- 5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2000.00	193220.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	193220.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8578.13	139715.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8578.13	139715.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	20.00
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	20.00

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

Form/Schedule: F3XA

Transaction ID :

This report is being amended to disclose additional receipts not previously reported due to clerical error and to update YTD totals. Please update your records accordingly.

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 55
	<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. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.03

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492884**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Alverzo, Joan, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 152 Old Landing Road  
 City Ocean City State MD Zip Code 21842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492906**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Anderson, Monica, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5810 Main St  
 Suite 1050  
 City Mc Farland State WI Zip Code 53558-9602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492930**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> 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 9 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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, Derek, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492925**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Barker, Mary, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 107 Burnam Wood Court  
 City Mount Laurel State NJ Zip Code 08054  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492879**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492823**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	269.25
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 55
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

**Transaction ID : A2017-1406755**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : A2017-1597454**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Beers, Melissa, M, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 735 Meadow Dr

City Camp Hill	State PA	Zip Code 17011-1720
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Chief Nursing Officer - LT
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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
07	/	14	/	2017

**Transaction ID : A2017-1492892**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.95
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 55
	<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. Bein, Robert, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 545 Mud College Road  
 City Littlestown State PA Zip Code 17340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492926**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. Bencomo, Dionisio, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2851 SW 137 Court  
 City Miami State FL Zip Code 33175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492897**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Berkstresser, Joedy, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 Chadbourne Drive  
 City York State PA Zip Code 17404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492835**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.10
<b>TOTAL</b> 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 55
	<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. Blake, Kelly, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492794**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Boland, Torianne, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Hunters Chase

City Etters	State PA	Zip Code 17319
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
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Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492913**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Bolcavage, Theodore, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 207 Bryant St

City Mechanicsburg	State PA	Zip Code 17050-4148
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
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Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492860**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<b>TOTAL</b> 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 55
<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. Bradley, Daniel, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2261 Turk Road

City Doylestown	State PA	Zip Code 18901
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492878**

Amount of Each Receipt this Period  
192.31

Memo Item

**B. Breighner, Robert, G, Mr., Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 613 Carrie Drive

City Dallastown	State PA	Zip Code 17313
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492885**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Buchs, Josceylon, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 311 N 24th Street  
Suite 1050

City Camp Hill	State PA	Zip Code 17011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492857**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	307.71
<b>TOTAL</b> 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 55
	<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. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492862**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492821**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Butt, Zaahra, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4158 Cherrywood Suite 1050  
 City Troy State MI Zip Code 48098  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492912**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<b>TOTAL</b> 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 55
	<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. Campbell, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2910 Pimlico Ln  
 City Saginaw State MI Zip Code 48603-6190  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492848**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Canard, Robert, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 316 Woodlands Green Pl.  
 City Brandon State MS Zip Code 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492806**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Cannon, Matthew, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19073 Twilight Trl  
 City Eden Prairie State MN Zip Code 55346-4047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492832**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 55
	<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. Carnevale, Raymond, F, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 350 South Hamilton Street Apt 405  
 City Madison State WI Zip Code 53703  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492826**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Castroman, Marinella, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2971 Stanfield Avenue  
 City Orlando State FL Zip Code 32814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492871**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Changet, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6196 Grovedell St  
 City Magnolia State OH Zip Code 44643-9702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492815**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	211.56
<b>TOTAL</b> 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 55
	<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. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492843**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Comer, Melinda, D, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 503 Peach Spring  
 City Houston State TX Zip Code 77037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492867**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Costello, Jodi, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4649 Montrose Avenue Suite 1050  
 City Boardman State OH Zip Code 44512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492864**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.95
<b>TOTAL</b> 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 55
<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. Curnane, Carolyn, N, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1615 Linda Drive

City West Chester	State PA	Zip Code 19380
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492874**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Davis, Brian, E, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1211 High Hollow

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492900**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Davis, Lora, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492927**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<b>TOTAL</b> 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 55
	<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. Dean, Stefanie, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Peggy Dr

City Hummelstown	State PA	Zip Code 17036-9030
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492881**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Deemer, Miriam, R, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 285 Merriweather Rd

City Grosse Pointe Farms	State MI	Zip Code 48236-3428
-----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492811**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. DeGumbia, David, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 383 Pattonwood Dr

City Southington	State CT	Zip Code 06489
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492924**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> 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 55
	<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. DiLullo, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 Beachwood Road

City Havertown	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

**Transaction ID : A2017-1406750**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. DiLullo, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 Beachwood Road

City Havertown	State PA	Zip Code 19083
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : A2017-2348863**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Dishner, Kerry, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 202 Downing Pl  
Suite 1050

City Mechanicsburg	State PA	Zip Code 17050-6881
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492808**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<b>TOTAL</b> 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 55
	<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. Driscoll, Philip, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 38 Van Doren Way

City Belle Mead	State NJ	Zip Code 08502
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492905**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Engelhardt, David, D, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492877**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Farley, Kyle, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13316 E 93rd St

City Kansas City	State MO	Zip Code 64138-5000
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492923**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.10
<b>TOTAL</b> 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 55
	<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. Felps, Kathy, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 85115 Hwy 450  
 City Franklinton State LA Zip Code 70438  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492825**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Fenn, Jeffrey, R, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3811 Glen Arbor Ct NE  
 City Brookhaven State GA Zip Code 30319-1870  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492891**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Finkbeiner, Paul, G, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Strayer Drive  
 City Carlisle State PA Zip Code 17013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492858**  
 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 23 OF 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Finnegan, Patti, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492799**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**B. Gardner, Scott, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 611 Fairground Road  
 City Newport State PA Zip Code 17074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492809**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City Pembroke Pines State FL Zip Code 33026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 07 / 2017  
**Transaction ID : A2017-1406754**  
 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 24 OF 55
	<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. Gasse, Suzanne, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3903 West Sailboat Drive  
 City: Pembroke Pines    State: FL    Zip Code: 33026  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Vice President of Operations  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 288.60

Date of Receipt: 07 / 21 / 2017  
**Transaction ID : A2017-1597453**  
 Amount of Each Receipt this Period: 19.24  
 Memo Item

**B. Gentry, Cheryl, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6206 Gallegos Dr  
 City: West Lafayette    State: IN    Zip Code: 47906-5795  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Administrator  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼: 500.11

Date of Receipt: 07 / 14 / 2017  
**Transaction ID : A2017-1492863**  
 Amount of Each Receipt this Period: 38.47  
 Memo Item

**C. Gillard, Peter, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 308 Woodbridge Ct  
 City: Allen    State: TX    Zip Code: 75013-3683  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer (for Individual): Select Medical Corporation    Occupation (for Individual): Vice President  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼: 269.36

Date of Receipt: 07 / 07 / 2017  
**Transaction ID : A2017-1406753**  
 Amount of Each Receipt this Period: 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.95
<b>TOTAL</b> 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 55
	<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. Gillard, Peter, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 308 Woodbridge Ct

City Allen	State TX	Zip Code 75013-3683
---------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : A2017-1597452**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Gombotz, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

**Transaction ID : A2017-1406752**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Gombotz, Mark, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 35 Mallard Lane

City Kensington	State CT	Zip Code 06037
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Operations
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : A2017-1597451**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> 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 26 OF 55
	<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. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492814**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492836**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Grigonis, Antony, M, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492801**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> 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 55
	<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. Hamilton, Randal, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 145 Pelican Way  
 City Panama City Beach State FL Zip Code 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492929**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Hammaker, Lora, K, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 East Red Gold Circle  
 City Camp Hill State PA Zip Code 17011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492895**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Hammerman, Samuel, I, Doctor, I.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Windy Drive  
 City Shavertown State PA Zip Code 18708  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492824**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<b>TOTAL</b> 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 28 OF 55
	<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. Hedeman, Robin, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492904**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**B. Huffman, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President Financial Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492909**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492803**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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 29 OF 55
	<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. Jewett, Harry, M, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Parsons Farm Lane

City Old Lyme	State CT	Zip Code 06371
------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492839**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Johnson, Glenn, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 201 SW Ascot Dr  
Suite 1050

City Lees Summit	State MO	Zip Code 64082-4425
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Director of Admissions - Inp
---	--

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
07		14		2017

**Transaction ID : A2017-1492890**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Johnston, Gary, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8120 Viburnum Ct

City Tallahassee	State FL	Zip Code 32312-5701
---------------------	-------------	------------------------

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

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

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
07		14		2017

**Transaction ID : A2017-1492791**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	134.64
<b>TOTAL</b> 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 30 OF 55
	<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. Jones, Darrell, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rundle Lane

City Summerville	State SC	Zip Code 29483
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1846.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492816**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Judd, Patricia, , Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Pheasant Run

City Gladstone	State NJ	Zip Code 07934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492903**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Keith, Christopher, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13 Hopper Dr.

City Goddard	State KS	Zip Code 67052
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

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
07		14		2017

**Transaction ID : A2017-1492810**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.10
<b>TOTAL</b> 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 31 OF 55
	<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. Key, David, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1750 Eliza Way

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

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492894**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Kingston, Peggy, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 228 Brewster

City Rochester Hills	State MI	Zip Code 48309
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492888**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Knight, Wilma, D, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492812**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.56
<b>TOTAL</b> 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 55
	<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. Koppenhaver, Kathleen, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 28 Woodland Ave  
 City Hershey State PA Zip Code 17033-2156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492844**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. Kozorosky, Laurie, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1278 W 9th St  
 City Cleveland State OH Zip Code 44113-1028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492861**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Kundu, Nabarun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 955 Bluff Ridge Dr  
 City Columbus State OH Zip Code 43235-1725  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492849**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	211.56
<b>TOTAL</b> 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 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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. Kurmakov, Aleksey, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2409 W Bayberry Dr  
 City Harrisburg State PA Zip Code 17112-1040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492866**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Lacey, Mary, B, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492899**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Lewandowski, Bernard, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492889**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> 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 34 OF 55
	<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. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	07	/	2017

**Transaction ID : A2017-1406751**

Amount of Each Receipt this Period  
38.47

Memo Item

**B. Lindley, Lauren, B, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
577.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2017

**Transaction ID : A2017-1597450**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Lutes, Adriane, L, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 23 River Chase Way

City Ormond Beach	State FL	Zip Code 32174
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2017

**Transaction ID : A2017-1492854**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.18
<b>TOTAL</b> 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 55
	<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. Malatesta, Michael, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4145 Serenity Street

City Schwenksville	State PA	Zip Code 19473
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Senior Vice President
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492876**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Mann, Brian, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492907**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Marshall, Christopher, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492869**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.87
<b>TOTAL</b> 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 55
	<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. Martoccio, Debora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492792**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. McAlister, Michael, H, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Brighton Court  
 City Heath State TX Zip Code 75032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492797**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 South Albert Pike  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492911**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<b>TOTAL</b> 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 37 OF 55
	<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. McLane, Kerry, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3514 Dragons Rdg PO Box 27007  
 City Panama City State FL Zip Code 32411-7007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492910**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. McMullen, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 207 Beech St  
 City Shavertown State PA Zip Code 18708-1205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492838**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. McNulty, James, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 208 Woodside Avenue  
 City Narberth State PA Zip Code 19072  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492875**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	173.10
<b>TOTAL</b> 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 55
	<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. Mena, Theodore, G, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4425 Indian Deer Rd  
 City Windermere State FL Zip Code 34786-3182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492796**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Merryman, Angela, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 Walnut Street  
 City Espyville State PA Zip Code 16424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492893**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Metz, Amy, , Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1247 Dog Bluff  
 City Galivants Ferry State SC Zip Code 29544  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492817**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.18
<b>TOTAL</b> 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 39 OF 55
	<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. Mullin, Thomas, P, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492916**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Nichols, Gregory, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 303 Highpointe Ridge  
 City Prattville State AL Zip Code 36066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) President of Network Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492922**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Noro, Sharon, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 3rd St  
 City Aspinwall State PA Zip Code 15215-2904  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492928**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.02
<b>TOTAL</b> 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 55
	<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. O'Malley, Jon, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492798**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Ortenzio, Rocco, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice-Chairman
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492853**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Pegler, William, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 21723 E Rowland Cir

City Aurora	State CO	Zip Code 80016-3608
----------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492837**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	326.94
<b>TOTAL</b> 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 55
	<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. Pennington, Kimberly, G.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1990 Scotts Ferry Rd  
 City Versailles State KY Zip Code 40383-9348  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492846**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Pettrey, Lisa, J, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5625 Preswick Drive  
 City Dublin State OH Zip Code 43017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492822**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Plumlee, Steve, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12311 Bonnybridge Lane  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492887**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	96.18
<b>TOTAL</b> 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 42 OF 55
	<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. Polo, Fabian, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7915 Glade Hill Ct  
 City Dallas State TX Zip Code 75218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) CEO/Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492827**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Quinn, John, C, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6308 Pinehill Dr.  
 City Meridian State MS Zip Code 39305  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492802**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Radford, Jeffrey, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15413 Monticello Drive  
 City Bristol State VA Zip Code 24202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492795**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> 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 55
	<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. Rhodes, Chandelle, L, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 20528 Lagoona Drive

City Cornelius State NC Zip Code 28031

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.58**

Date of Receipt **07 / 14 / 2017**

**Transaction ID : A2017-1492921**

Amount of Each Receipt this Period **38.47**

Memo Item

**B. Riska, Marilouise, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30093 Orchards Lane

City New Hudson State MI Zip Code 48165

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **538.58**

Date of Receipt **07 / 14 / 2017**

**Transaction ID : A2017-1492819**

Amount of Each Receipt this Period **38.47**

Memo Item

**C. Rogitz, Kristin, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **269.36**

Date of Receipt **07 / 14 / 2017**

**Transaction ID : A2017-1492855**

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 44 OF 55
	<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. Rolsen, Timothy, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492807**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Rubel, Jason, , Doctor,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Sun Flower Ct.

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		07		2017

**Transaction ID : A2017-1406756**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Rubel, Jason, , Doctor,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2027 Sun Flower Ct.

City Chesterfield	State MO	Zip Code 63017
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		21		2017

**Transaction ID : A2017-1597455**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> 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 45 OF 55
	<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. Rusignuolo, Brian, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation    Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2692.34

Date of Receipt **07 / 14 / 2017**  
**Transaction ID : A2017-1492880**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Ruskan, Jeffrey, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Beechwood Drive  
 City Richmond    State VA    Zip Code 23229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1077.02

Date of Receipt **07 / 14 / 2017**  
**Transaction ID : A2017-1492828**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Sarfaty, Beth, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation    Occupation (for Individual) VP Clinical Svcs & Quality Mgmt  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt **07 / 14 / 2017**  
**Transaction ID : A2017-1492873**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	307.71
<b>TOTAL</b> 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 55
	<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. Schmidt, Megan, P, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 204 Forest Lane North

City Blountville	State TN	Zip Code 37617
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492915**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Shovlin, Tyler, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2910 Legacy Commons Plz Apt 308 Suite 1050

City Omaha	State NE	Zip Code 68130-1849
---------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492918**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Siffring, Connie, K, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2968 Church St

City Bettendorf	State IA	Zip Code 52722-8239
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
538.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492931**

Amount of Each Receipt this Period  
38.47

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> 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 55
	<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. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492868**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Skinner, Jon, C, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Topaz Ct

City Flower Mound	State TX	Zip Code 75022-8143
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1615.46

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492813**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Slane, Jeanne, M, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6537 Caldecott Drive

City Naples	State FL	Zip Code 34113
----------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492872**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.02
<b>TOTAL</b> 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 48 OF 55
	<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. Slobozien, Mary, G, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 Brookwood Drive  
 City Palmyra State PA Zip Code 17078  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492883**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Slonaker-Wheeler, Dawne, A, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 55th Street NE  
 City Canton State OH Zip Code 44721  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492800**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Stover, Justin, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1619 Fox Hollow Road  
 City Mechanicsburg State PA Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492882**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	192.33
<b>TOTAL</b> 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 55
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Streepy, Kurt, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3128 Mattatha Drive  
 City Bloomington State IN Zip Code 47401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492886**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**B. Strickland, Connie, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 E Oak PI  
 City Edmond State OK Zip Code 73025-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492859**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Sudo, Nicoll, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3306 2000 Rd Suite 1050  
 City Delta State CO Zip Code 81416-9549  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Nursing Officer  
 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  
 07 / 14 / 2017  
**Transaction ID : A2017-1492914**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> 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 55
	<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. Supplee, Linda, K, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492919**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Tenhengel-deVille, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 867 Balsam Loop Rd  
 City Sylva State NC Zip Code 28779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492830**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Therout, Thomas, N, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10925 Valley St  
 City Omaha State NE Zip Code 68144-4943  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492870**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.95
<b>TOTAL</b> 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 55
	<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. Tuer, Patrick, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Joshua Rd  
 City Mechanicsburg State PA Zip Code 17050-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492840**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Ulmer, Carol, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1605 South Silver Creek Circle  
 City Sioux Falls State SD Zip Code 57106  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492865**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Umbenhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492852**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	173.10
<b>TOTAL</b> 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 52 OF 55
<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. Vocaturo, Loran, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492902**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**B. Wagley, Ronnie, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10305 SW 27th Pl  
 City Gainesville State FL Zip Code 32608-9083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492842**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Ward, Robert, S, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1535 Pimpernel  
 City San Antonio State TX Zip Code 78260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.36

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2017  
**Transaction ID : A2017-1492829**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	76.95
<b>TOTAL</b> 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 53 OF 55
	<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. Watts, Randall, K, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 200 Pleasant View Drive

City Etters	State PA	Zip Code 17319
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492896**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Weber, Frank, J, Mr., III**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 698 Gordon Dr

City Charleston	State WV	Zip Code 25314-1762
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1077.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492917**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. White, Andrea, F, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		14		2017

**Transaction ID : A2017-1492820**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> 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 54 OF 55
	<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. Williams, Brian, J, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9670 Rod Road  
City Alpharetta State GA Zip Code 30022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1615.46

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492856**  
Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Winn, Eleyce, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1321 W 90th PI Apt 302-15 Suite 1050  
City Merrillville State IN Zip Code 46410-6754  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492847**  
Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Yap, Eric, A, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 6082 Castlebury Boulevard  
City Hilliard State OH Zip Code 43026  
FEC ID number of contributing federal political committee. **C**  
Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
Receipt For:  Primary  General  Other (specify)  
Aggregate Year-to-Date ▼ 269.36

Date of Receipt 07 / 14 / 2017  
**Transaction ID : A2017-1492831**  
Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	153.87
<b>TOTAL</b> This Period (last page this line number only).....	8289.54

**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"/> 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. Pat Meehan for Congress**

Full Name (Last, First, Middle Initial)  
Meehan, Patrick, , ,

Mailing Address 50 S. Providence Road

City Media State PA Zip Code 19063

Purpose of Disbursement Contribution

Candidate Name Meehan, Patrick, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: PA District: 07

Date of Disbursement 07 / 25 / 2017

FEC Identification Number C00466870

Transaction ID : B662092

Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Strange for Senate**

Full Name (Last, First, Middle Initial)  
Strange, Luther, , ,

Mailing Address PO Box 3670

City Montgomery State AL Zip Code 36109

Purpose of Disbursement Contribution

Candidate Name Strange, Luther, , ,

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Special Primary

State: AL District:

Date of Disbursement 07 / 25 / 2017

FEC Identification Number C00629451

Transaction ID : B662103

Amount of Each Disbursement this Period 1000.00

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

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

2000.00

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

2000.00