

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="2018"/>	<input type="text" value="123214.65"/>	<input type="text" value="123214.65"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="86559.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="67947.64"/>	<input type="text" value="248791.99"/>
(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="154506.64"/>	<input type="text" value="372006.64"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15500.00"/>	<input type="text" value="233000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="139006.64"/>	<input type="text" value="139006.64"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 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
08 / 09 / 2018 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2018

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).....	67947.64	202748.36
(ii) Unitemized	0.00	33143.63
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	67947.64	235891.99
(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)	67947.64	235891.99
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	12900.00
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)).....▶	67947.64	248791.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	67947.64	248791.99

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	231500.00
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).....	1000.00	1500.00
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)) ..	15500.00	233000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15500.00	233000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	67947.64	235891.99
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	67947.64	235891.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 243
	(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"/> 15
<input type="checkbox"/> 12	<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. Abbate, Whitney, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Brockmore Drive
 Suite 1050
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816613
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Abbate, Whitney, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Brockmore Drive
 Suite 1050
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890705
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Abbate, Whitney, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Brockmore Drive
 Suite 1050
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974447
 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)..... ▶

: 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: SA11AI
Transaction ID:

This report is being amend to correct a contribution that was attributed to Deborah Kolarich but should have been attributed to Dr. William Frist. Please update your records accordingly.

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 243
	<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. Abbate, Whitney, W, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45 Brockmore Drive
 Suite 1050
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130906
 Amount of Each Receipt this Period 19.24
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816567
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Alverzo, Joan, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 152 Old Landing Road
 City Ocean City State MD Zip Code 21842
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890660
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 243
<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. 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
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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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974402

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 152 Old Landing Road

City Ocean City	State MD	Zip Code 21842
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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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130861

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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816596

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 243
	<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. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890689
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 692.46

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974431
 Amount of Each Receipt this Period 38.47
 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130890
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 243
	<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. 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 ▼ 1230.88

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816591
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 1307.81

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890684
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1384.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974426
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 243
	<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. 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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130885
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816538
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890631
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 243
	<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. 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
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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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974373

Amount of Each Receipt this Period
115.39

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
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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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130832

Amount of Each Receipt this Period
115.39

Memo Item

C. Beauregard, Paige, S, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 314 North Valley View Dr
Suite 1050

City Taylors	State SC	Zip Code 29687
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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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816612

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 243
	<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bechtel, Melinda, C, ,

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 ▼
1230.88

Date of Receipt
08 / 10 / 2018
Transaction ID : A2018-1816632

Amount of Each Receipt this Period
76.93

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bechtel, Melinda, C, ,

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 ▼
1307.81

Date of Receipt
08 / 24 / 2018
Transaction ID : A2018-1890724

Amount of Each Receipt this Period
76.93

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bechtel, Melinda, C, ,

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 ▼
1384.74

Date of Receipt
09 / 07 / 2018
Transaction ID : A2018-1974466

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 243
	<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. 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 ▼ 1461.67

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130759
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 17 / 2018**
Transaction ID : A2018-1874256
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **08 / 31 / 2018**
Transaction ID : A2018-1920009
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 243
	<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. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 14 / 2018
Transaction ID : A2018-2118299
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Beckett, Kathy, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8444 Tibet Butler Dr
 City Windermere State FL Zip Code 34786
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Clinical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.80

Date of Receipt 09 / 28 / 2018
Transaction ID : A2018-2168659
 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
 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
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816554
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 243
	<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. 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
-------------------	-------------	------------------------

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
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890647

Amount of Each Receipt this Period
38.47

Memo Item

B. 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
-------------------	-------------	------------------------

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
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974389

Amount of Each Receipt this Period
38.47

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
-------------------	-------------	------------------------

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
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130848

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 243
	<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. 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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816592

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 545 Mud College Road

City Littlestown	State PA	Zip Code 17340
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890685

Amount of Each Receipt this Period
76.93

Memo Item

C. 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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974427

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 243
	<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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130886
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816558
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Bencomo, Dionisio, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2851 SW 137 Court
 City Miami State FL Zip Code 33175
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890651
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974393

Amount of Each Receipt this Period
115.39

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130852

Amount of Each Receipt this Period
115.39

Memo Item

C. Bender, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6126 Charing Cross

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816543

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 243
	<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. Bender, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6126 Charing Cross

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890636

Amount of Each Receipt this Period
38.47

Memo Item

B. Bender, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6126 Charing Cross

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974378

Amount of Each Receipt this Period
38.47

Memo Item

C. Bender, James, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6126 Charing Cross

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130837

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 1230.88

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816644
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 1307.81

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890736
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Berkstresser, Joedy, L, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 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 ▼ 1384.74

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974478
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 243
	<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. 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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130771

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816602

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890695

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 243
	<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. Blake, Kelly, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974437

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 3269 Blue Goose Road

City Nicktown	State PA	Zip Code 15762
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130896

Amount of Each Receipt this Period
19.24

Memo Item

C. Bodek, Rose, M, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 225 Bender Dr
Suite 1050

City Carrolltown	State PA	Zip Code 15722-6909
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Director of Case Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816569

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 25 OF 243
	<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. Bodek, Rose, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bender Dr
 Suite 1050
 City Carrolltown State PA Zip Code 15722-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890662
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Bodek, Rose, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bender Dr
 Suite 1050
 City Carrolltown State PA Zip Code 15722-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974404
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Bodek, Rose, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 225 Bender Dr
 Suite 1050
 City Carrolltown State PA Zip Code 15722-6909
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130863
 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 26 OF 243
	<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. 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
 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 ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816574
 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
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890667
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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
 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974409
 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 27 OF 243
	<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. 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
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130868
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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
 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 ▼ 1230.88

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816686
 Amount of Each Receipt this Period 76.93
 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
 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 ▼ 1307.81

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890778
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	173.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 243
	<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. 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
 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 ▼ 1384.74

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974520
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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
 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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130813
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Boutwell, Bobby, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 600 Preston Glen Cir
 City Canton State GA Zip Code 30114-4163
 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 08 / 10 / 2018
Transaction ID : A2018-1816667
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 173.10
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 243
	<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. Boutwell, Bobby, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Preston Glen Cir

City Canton	State GA	Zip Code 30114-4163
----------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890759

Amount of Each Receipt this Period
19.24

Memo Item

B. Boutwell, Bobby, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Preston Glen Cir

City Canton	State GA	Zip Code 30114-4163
----------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974501

Amount of Each Receipt this Period
19.24

Memo Item

C. Boutwell, Bobby, W, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 600 Preston Glen Cir

City Canton	State GA	Zip Code 30114-4163
----------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130794

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 30 OF 243
<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
--------------------	-------------	-------------------

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 ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816537

Amount of Each Receipt this Period
192.31

Memo Item

B. 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
--------------------	-------------	-------------------

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 ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890630

Amount of Each Receipt this Period
192.31

Memo Item

C. 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
--------------------	-------------	-------------------

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 ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974372

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 243
	<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. 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
--------------------	-------------	-------------------

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 ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130831

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
--------------------	-------------	-------------------

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816547

Amount of Each Receipt this Period
76.93

Memo Item

C. 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
--------------------	-------------	-------------------

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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890640

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 243
	<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. 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
--------------------	-------------	-------------------

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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974382

Amount of Each Receipt this Period
76.93

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
--------------------	-------------	-------------------

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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130841

Amount of Each Receipt this Period
76.93

Memo Item

C. Brozowsky, Diane, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816589

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 243
	<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. Brozowsky, Diane, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890682

Amount of Each Receipt this Period
19.24

Memo Item

B. Brozowsky, Diane, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974424

Amount of Each Receipt this Period
19.24

Memo Item

C. Brozowsky, Diane, M, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1795 Alpine Ave

City Boulder	State CO	Zip Code 80304-3649
-----------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130883

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 34 OF 243
	<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. 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
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816684
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890776
 Amount of Each Receipt this Period 38.47
 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
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974518
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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
 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130811
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Butler, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8866 Nevada Drive
 City Newburgh State IN Zip Code 47630
 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816676
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Butler, Scott, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8866 Nevada Drive
 City Newburgh State IN Zip Code 47630
 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890768
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 243
	<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. Butler, Scott, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8866 Nevada Drive

City Newburgh	State IN	Zip Code 47630
------------------	-------------	-------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974510

Amount of Each Receipt this Period
19.24

Memo Item

B. Butler, Scott, A, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8866 Nevada Drive

City Newburgh	State IN	Zip Code 47630
------------------	-------------	-------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130803

Amount of Each Receipt this Period
19.24

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816573

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890666
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 692.46

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974408
 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130867
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 243
	<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. 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816657
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890749
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974491
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 115.41
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 243
	<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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130784
 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 ▼ 615.52

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816614
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890706
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 243
	<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. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974448

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130907

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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816640

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 243
	<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. 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 ▼ 1961.63

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890732
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 2077.02

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974474
 Amount of Each Receipt this Period 115.39
 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 ▼ 2192.41

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130767
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 243
	<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. Carter, Christopher, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 20344

City Knoxville	State TN	Zip Code 37940
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Director of Case Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		10		2018

Transaction ID : A2018-1816577

Amount of Each Receipt this Period
19.24

Memo Item

B. Carter, Christopher, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 20344

City Knoxville	State TN	Zip Code 37940
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Director of Case Management
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		24		2018

Transaction ID : A2018-1890670

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address PO Box 20344

City Knoxville	State TN	Zip Code 37940
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Director of Case Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		07		2018

Transaction ID : A2018-1974412

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 43 OF 243
	<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. Carter, Christopher, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 20344
 City Knoxville State TN Zip Code 37940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130871
 Amount of Each Receipt this Period 19.24
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816695
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890787
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974529

Amount of Each Receipt this Period
115.39

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130822

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816545

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 243
	<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. Chambers, Jason, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890638

Amount of Each Receipt this Period
76.93

Memo Item

B. Chambers, Jason, S, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974380

Amount of Each Receipt this Period
76.93

Memo Item

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

Mailing Address 1415 Aaron Creek Drive

City Fisherville	State KY	Zip Code 40023
---------------------	-------------	-------------------

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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130839

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 243
	<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. 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 ▼ 307.84

Date of Receipt
 08 / 10 / 2018
Transaction ID : A2018-1816625
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 327.08

Date of Receipt
 08 / 24 / 2018
Transaction ID : A2018-1890717
 Amount of Each Receipt this Period 19.24
 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 ▼ 346.32

Date of Receipt
 09 / 07 / 2018
Transaction ID : A2018-1974459
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 243
	<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. 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130918
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 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) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2884.65

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816616
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 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) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3076.96

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890708
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	403.86
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 243
<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. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 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) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3269.27

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974450
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Chernow, David, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 Gladstone Court
 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) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3461.58

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130909
 Amount of Each Receipt this Period 192.31
 Memo Item

C. Choinski, Stacey, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8861 Morgan Landing Way
 City Boynton Beach State FL Zip Code 33473
 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816593
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	403.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 243
	<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. Choinski, Stacey, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8861 Morgan Landing Way

City Boynton Beach	State FL	Zip Code 33473
-----------------------	-------------	-------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890686

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 8861 Morgan Landing Way

City Boynton Beach	State FL	Zip Code 33473
-----------------------	-------------	-------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974428

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 8861 Morgan Landing Way

City Boynton Beach	State FL	Zip Code 33473
-----------------------	-------------	-------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130887

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 243
	<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. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816691

Amount of Each Receipt this Period
19.24

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890783

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974525

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 51 OF 243
	<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. 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130818
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816688
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890780
 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 52 OF 243
	<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. 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
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974522
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130815
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816699
 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 53 OF 243
	<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. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890791

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974367

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130826

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 54 OF 243
	<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. 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 ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816561

Amount of Each Receipt this Period
192.31

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 ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890654

Amount of Each Receipt this Period
192.31

Memo Item

C. 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 ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974396

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 243
	<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. 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 ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130855

Amount of Each Receipt this Period
192.31

Memo Item

B. Dawson, Zackary, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4109 Cherokee Cir

City Fort Smith	State AR	Zip Code 72903-5403
--------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816661

Amount of Each Receipt this Period
38.47

Memo Item

C. Dawson, Zackary, L, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4109 Cherokee Cir

City Fort Smith	State AR	Zip Code 72903-5403
--------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890753

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 56 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Dawson, Zackary, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 Cherokee Cir
 City Fort Smith State AR Zip Code 72903-5403
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974495
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Dawson, Zackary, L, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4109 Cherokee Cir
 City Fort Smith State AR Zip Code 72903-5403
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130788
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816540
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 243
	<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. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890633

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974375

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130834

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. DeBlouw, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27539 Irwin Rd
 Suite 1050
 City Richmond State MI Zip Code 48062-2636
 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 ▼ 615.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816662
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. DeBlouw, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27539 Irwin Rd
 Suite 1050
 City Richmond State MI Zip Code 48062-2636
 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 ▼ 653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890754
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. DeBlouw, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27539 Irwin Rd
 Suite 1050
 City Richmond State MI Zip Code 48062-2636
 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974496
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 243
	<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. DeBlouw, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 27539 Irwin Rd
 Suite 1050
 City Richmond State MI Zip Code 48062-2636
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130789
 Amount of Each Receipt this Period 38.47
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816621
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890713
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974455

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130914

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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816588

Amount of Each Receipt this Period

115.39

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 243
	<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. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890681

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974423

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130882

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Dehoff, James, L, Jr., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1317 Abington 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 ▼ 5000.00

Date of Receipt **09 / 27 / 2018**
Transaction ID : A2018-2158033
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. 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 ▼ 1846.24

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816618
 Amount of Each Receipt this Period 115.39
 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 ▼ 1961.63

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890710
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5230.78
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 243
	<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. 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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974452
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130911
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Donahoe, Lauren, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2385 Mount Vernon Ave
 City Export State PA Zip Code 15632-9026
 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 08 / 10 / 2018
Transaction ID : A2018-1816628
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 243
	<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. Donahoe, Lauren, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2385 Mount Vernon Ave
 City Export State PA Zip Code 15632-9026
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890720
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Donahoe, Lauren, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2385 Mount Vernon Ave
 City Export State PA Zip Code 15632-9026
 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974462
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Donahoe, Lauren, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2385 Mount Vernon Ave
 City Export State PA Zip Code 15632-9026
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130755
 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 65 OF 243
	<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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816566

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890659

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974401

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 66 OF 243
	<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. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130860

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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816536

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890629

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974371

Amount of Each Receipt this Period
115.39

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130830

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816587

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Farley, Kyle, L, Mr.,		Date of Receipt
Mailing Address 13316 E 93rd St		<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City Kansas City	State MO	Zip Code 64138-5000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-1890680
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="38.47"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="653.99"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Farley, Kyle, L, Mr.,		Date of Receipt
Mailing Address 13316 E 93rd St		<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Kansas City	State MO	Zip Code 64138-5000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-1974422
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="38.47"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="692.46"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Farley, Kyle, L, Mr.,		Date of Receipt
Mailing Address 13316 E 93rd St		<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Kansas City	State MO	Zip Code 64138-5000
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2018-2130881
Name of Employer (for Individual) Select Medical Corporation		Amount of Each Receipt this Period <input type="text" value="38.47"/>
Occupation (for Individual) Vice President		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="730.93"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 243
	<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. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816553

Amount of Each Receipt this Period
38.47

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890646

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974388

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 243
	<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. 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130847
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816685
 Amount of Each Receipt this Period 19.24
 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890777
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 76.95
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 243
	<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. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974519

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130812

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816607

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 72 OF 243
	<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. 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890700
Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974442
Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130901
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 73 OF 243
	<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. Frist, William, H, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4714 Gettysburg Rd

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) Board of Directors
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2018

Transaction ID : A2018-1883905

Amount of Each Receipt this Period
5000.00

Memo Item

B. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816659

Amount of Each Receipt this Period
19.24

Memo Item

C. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890751

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5038.48
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 74 OF 243
	<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. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974493

Amount of Each Receipt this Period
19.24

Memo Item

B. Fucci, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5024 Westbury Farms Dr

City Erie	State PA	Zip Code 16506-6120
--------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130786

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816619

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 75 OF 243
	<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. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890711

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974453

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130912

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 76 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

Transaction ID : A2018-1874255

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-1920008

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : A2018-2118298

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 77 OF 243
	<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. 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: 384.80

Date of Receipt: 09 / 28 / 2018
Transaction ID : A2018-2168658
 Amount of Each Receipt this Period: 19.24
 Memo Item

B. 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: 327.08

Date of Receipt: 08 / 17 / 2018
Transaction ID : A2018-1874254
 Amount of Each Receipt this Period: 19.24
 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: 346.32

Date of Receipt: 08 / 31 / 2018
Transaction ID : A2018-1920007
 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 78 OF 243
	<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. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : A2018-2118297

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A2018-2168657

Amount of Each Receipt this Period
19.24

Memo Item

C. Glenn, Daphne, H, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7930 Royal Fern Court

City Liberty Township	State OH	Zip Code 45044
--------------------------	-------------	-------------------

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816678

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 79 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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. Glenn, Daphne, H, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7930 Royal Fern Court
 City Liberty Township State OH Zip Code 45044
 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890770
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Glenn, Daphne, H, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7930 Royal Fern Court
 City Liberty Township State OH Zip Code 45044
 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 ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974512
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Glenn, Daphne, H, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7930 Royal Fern Court
 City Liberty Township State OH Zip Code 45044
 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130805
 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 80 OF 243
	<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. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

Transaction ID : A2018-1874253

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-1920006

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : A2018-2118296

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 243
	<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. 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 ▼
384.80

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A2018-2168656

Amount of Each Receipt this Period

96.18

 Memo Item

B. Grams, Shannon, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 S 37th St

City Fort Smith	State AR	Zip Code 72903-2945
--------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816634

Amount of Each Receipt this Period

38.47

 Memo Item

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

Mailing Address 1412 S 37th St

City Fort Smith	State AR	Zip Code 72903-2945
--------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890726

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 243
	<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. Grams, Shannon, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 S 37th St

City Fort Smith	State AR	Zip Code 72903-2945
--------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974468

Amount of Each Receipt this Period
38.47

Memo Item

B. Grams, Shannon, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1412 S 37th St

City Fort Smith	State AR	Zip Code 72903-2945
--------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130761

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816609

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 1307.81

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890702
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 1384.74

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974444
 Amount of Each Receipt this Period 76.93
 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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130903
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 243
	<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. 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 ▼ 615.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816595
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. 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 ▼ 653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890688
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974430
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 243
	<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. 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130889
 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816556
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890649
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 243
	<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. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974391
 Amount of Each Receipt this Period 19.24
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130850
 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 ▼ 3076.96

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816633
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 243
	<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. 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 ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890725

Amount of Each Receipt this Period
192.31

Memo Item

B. 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 ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974467

Amount of Each Receipt this Period
192.31

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 ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130760

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 243
	<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. Hammett, Elizabeth, G, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1279 Samuel Rd
 City West Chester State PA Zip Code 19380-1067
 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 ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816641
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Hammett, Elizabeth, G, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1279 Samuel Rd
 City West Chester State PA Zip Code 19380-1067
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890733
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Hammett, Elizabeth, G, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1279 Samuel Rd
 City West Chester State PA Zip Code 19380-1067
 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974475
 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 89 OF 243
	<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. Hammett, Elizabeth, G, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1279 Samuel Rd
City West Chester State PA Zip Code 19380-1067
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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130768
Amount of Each Receipt this Period 19.24
 Memo Item

B. Hanson, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12055 Sabo Rd Apt 824
City Houston State TX Zip Code 77089-6289
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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816675
Amount of Each Receipt this Period 38.47
 Memo Item

C. Hanson, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 12055 Sabo Rd Apt 824
City Houston State TX Zip Code 77089-6289
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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890767
Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 96.18
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 243
	<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. Hanson, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12055 Sabo Rd Apt 824

City Houston	State TX	Zip Code 77089-6289
-----------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974509

Amount of Each Receipt this Period
38.47

Memo Item

B. Hanson, Brent, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12055 Sabo Rd Apt 824

City Houston	State TX	Zip Code 77089-6289
-----------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130802

Amount of Each Receipt this Period
38.47

Memo Item

C. Heath, William, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4025 Ridgewood Rd
Suite 1050

City Jackson	State MS	Zip Code 39211-6469
-----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816649

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 91 OF 243
	<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. Heath, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Ridgewood Rd
 Suite 1050
 City Jackson State MS Zip Code 39211-6469
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890741
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Heath, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Ridgewood Rd
 Suite 1050
 City Jackson State MS Zip Code 39211-6469
 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974483
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Heath, William, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4025 Ridgewood Rd
 Suite 1050
 City Jackson State MS Zip Code 39211-6469
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130776
 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 92 OF 243
	<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 ▼ 307.84

Date of Receipt
 08 / 10 / 2018
Transaction ID : A2018-1816565
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 327.08

Date of Receipt
 08 / 24 / 2018
Transaction ID : A2018-1890658
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 346.32

Date of Receipt
 09 / 07 / 2018
Transaction ID : A2018-1974400
 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 93 OF 243
	<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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130859

Amount of Each Receipt this Period
19.24

Memo Item

B. Hollenbach, John, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1730.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816631

Amount of Each Receipt this Period
115.39

Memo Item

C. Hollenbach, John, T, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3607 Weymouth Drive

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890723

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 243
	<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. Hollenbach, John, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 Weymouth Drive
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974465
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Hollenbach, John, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3607 Weymouth Drive
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2077.02

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130758
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816570
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890663
 Amount of Each Receipt this Period 115.39
 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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974405
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130864
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 243
	<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. Hunter, Bridgette, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1305 Zarda Ln

City Kansas City	State KS	Zip Code 66109-7859
---------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816688

Amount of Each Receipt this Period
38.47

Memo Item

B. Hunter, Bridgette, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1305 Zarda Ln

City Kansas City	State KS	Zip Code 66109-7859
---------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890760

Amount of Each Receipt this Period
38.47

Memo Item

C. Hunter, Bridgette, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1305 Zarda Ln

City Kansas City	State KS	Zip Code 66109-7859
---------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974502

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 243
	<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. Hunter, Bridgette, L, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1305 Zarda Ln

City Kansas City	State KS	Zip Code 66109-7859
---------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130795

Amount of Each Receipt this Period
38.47

Memo Item

B. Idoine-Fries, Julie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2637 E 130th St

City Cleveland	State OH	Zip Code 44120-1451
-------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816663

Amount of Each Receipt this Period
19.24

Memo Item

C. Idoine-Fries, Julie, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2637 E 130th St

City Cleveland	State OH	Zip Code 44120-1451
-------------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890755

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Idoine-Fries, Julie, R, Ms.,			Date of Receipt MM / DD / YYYY 09 / 07 / 2018 Transaction ID : A2018-1974497		
Mailing Address 2637 E 130th St			Amount of Each Receipt this Period 19.24		
City Cleveland	State OH	Zip Code 44120-1451	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 346.32		
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Idoine-Fries, Julie, R, Ms.,			Date of Receipt MM / DD / YYYY 09 / 21 / 2018 Transaction ID : A2018-2130790		
Mailing Address 2637 E 130th St			Amount of Each Receipt this Period 19.24		
City Cleveland	State OH	Zip Code 44120-1451	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 365.56		
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. James, Stephanie, R, Ms.,			Date of Receipt MM / DD / YYYY 08 / 10 / 2018 Transaction ID : A2018-1816611		
Mailing Address 740 Parkins Mill Rd.			Amount of Each Receipt this Period 115.39		
City Greenville	State SC	Zip Code 29607	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1846.24		
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	153.87
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. James, Stephanie, R, Ms.,		Date of Receipt MM / DD / YYYY 08 / 24 / 2018 Transaction ID : A2018-1890704
Mailing Address 740 Parkins Mill Rd.		Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1961.63	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. James, Stephanie, R, Ms.,		Date of Receipt MM / DD / YYYY 09 / 07 / 2018 Transaction ID : A2018-1974446
Mailing Address 740 Parkins Mill Rd.		Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. James, Stephanie, R, Ms.,		Date of Receipt MM / DD / YYYY 09 / 21 / 2018 Transaction ID : A2018-2130905
Mailing Address 740 Parkins Mill Rd.		Amount of Each Receipt this Period 115.39
City Greenville	State SC	Zip Code 29607
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2192.41	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 243
	<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. Jennings, Deborah, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14146 George Road
 City San Antonio State TX Zip Code 78231
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816590
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Jennings, Deborah, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14146 George Road
 City San Antonio State TX Zip Code 78231
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890683
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Jennings, Deborah, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14146 George Road
 City San Antonio State TX Zip Code 78231
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974425
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 243
	<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. Jennings, Deborah, S, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14146 George Road
 City San Antonio State TX Zip Code 78231
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130884
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 1230.88

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816647
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1307.81

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890739
 Amount of Each Receipt this Period 76.93
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 192.33
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 102 OF 243
	<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. 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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974481

Amount of Each Receipt this Period
76.93

Memo Item

B. 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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130774

Amount of Each Receipt this Period
76.93

Memo Item

C. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816552

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 243
	<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. 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890645
 Amount of Each Receipt this Period 19.24
 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 ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974387
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130846
 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 104 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 615.52

Date of Receipt
 08 / 10 / 2018
Transaction ID : A2018-1816598
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 653.99

Date of Receipt
 08 / 24 / 2018
Transaction ID : A2018-1890691
 Amount of Each Receipt this Period 38.47
 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 ▼ 692.46

Date of Receipt
 09 / 07 / 2018
Transaction ID : A2018-1974433
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 243
	<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. 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130892
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 615.52

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816626
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890718
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 243
	<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. 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
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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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974460

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130919

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816564

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 107 OF 243
	<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. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890657

Amount of Each Receipt this Period
19.24

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974399

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130858

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 108 OF 243
	<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. 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816620
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890712
 Amount of Each Receipt this Period 38.47
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974454
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 243
	<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. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130913
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 1230.88

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816555
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1307.81

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890648
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 243
	<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. 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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974390

Amount of Each Receipt this Period
76.93

Memo Item

B. 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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130849

Amount of Each Receipt this Period
76.93

Memo Item

C. Kido, Robert, S, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd
Suite 1050

City Mechanicsburg	State PA	Zip Code 17050-2011
-----------------------	-------------	------------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Finance - LTACH
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816653

Amount of Each Receipt this Period
19.24

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 243
	<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. Kido, Robert, S, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt
MM / DD / YYYY
08 / 24 / 2018

Transaction ID : A2018-1890745

Amount of Each Receipt this Period
19.24

Memo Item

B. Kido, Robert, S, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt
MM / DD / YYYY
09 / 07 / 2018

Transaction ID : A2018-1974487

Amount of Each Receipt this Period
19.24

Memo Item

C. Kido, Robert, S, , Jr.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1205 E Powderhorn Rd
Suite 1050

City Mechanicsburg State PA Zip Code 17050-2011

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

Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Finance - LTACH

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
365.56

Date of Receipt
MM / DD / YYYY
09 / 21 / 2018

Transaction ID : A2018-2130780

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 112 OF 243
	<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. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816550

Amount of Each Receipt this Period
19.24

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890643

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974385

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 113 OF 243
	<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. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130844

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816622

Amount of Each Receipt this Period
115.39

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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890714

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974456

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130915

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816651

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 243
	<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. 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 ▼ 1307.81

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890743
 Amount of Each Receipt this Period 76.93
 Memo Item

B. 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 ▼ 1384.74

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974485
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1461.67

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130778
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 116 OF 243
	<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. Kostelec, Wendy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4983 Saddlebrook Dr.
 City Harrisburg State PA Zip Code 17112
 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816643
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Kostelec, Wendy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4983 Saddlebrook Dr.
 City Harrisburg State PA Zip Code 17112
 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890735
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Kostelec, Wendy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4983 Saddlebrook Dr.
 City Harrisburg State PA Zip Code 17112
 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 ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974477
 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 117 OF 243
	<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. Kostelec, Wendy, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4983 Saddlebrook Dr.
 City Harrisburg State PA Zip Code 17112
 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130770
 Amount of Each Receipt this Period 19.24
 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816687
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890779
 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 118 OF 243
	<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. 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 ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974521
 Amount of Each Receipt this Period 19.24
 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130814
 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 ▼ 1846.24

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816658
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 119 OF 243
	<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. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890750
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974492
 Amount of Each Receipt this Period 115.39
 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130785
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 243
	<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Kurmakov, Aleksey, N, Mr.,			Date of Receipt
Mailing Address 2409 W Bayberry Dr			<input type="text" value="08"/> / <input type="text" value="10"/> / <input type="text" value="2018"/>
City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2018-1816690
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1846.24"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Kurmakov, Aleksey, N, Mr.,			Date of Receipt
Mailing Address 2409 W Bayberry Dr			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2018-1890782
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1961.63"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Kurmakov, Aleksey, N, Mr.,			Date of Receipt
Mailing Address 2409 W Bayberry Dr			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Harrisburg	State PA	Zip Code 17112-1040	Transaction ID : A2018-1974524
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Senior Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2077.02"/>		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="346.17"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 243
	<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. 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130817
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816560
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890653
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 122 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Lacey, Mary, B, ,			Date of Receipt MM / DD / YYYY 09 / 07 / 2018 Transaction ID : A2018-1974395
Mailing Address 44 Sunfire Avenue			Amount of Each Receipt this Period 115.39
City Camp Hill	State PA	Zip Code 17011	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2077.02		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lacey, Mary, B, ,			Date of Receipt MM / DD / YYYY 09 / 21 / 2018 Transaction ID : A2018-2130854
Mailing Address 44 Sunfire Avenue			Amount of Each Receipt this Period 115.39
City Camp Hill	State PA	Zip Code 17011	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C			
Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2192.41		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Lewandowski, Bernard, , Mr.,			Date of Receipt MM / DD / YYYY 08 / 10 / 2018 Transaction ID : A2018-1816551
Mailing Address 26 Joseph Drive			Amount of Each Receipt this Period 115.39
City Boiling Springs	State PA	Zip Code 17007	<input type="checkbox"/> Memo Item
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1846.24		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890644

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974386

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130845

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 124 OF 243
	<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. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	17	/	2018

Transaction ID : A2018-1874252

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2018

Transaction ID : A2018-1920005

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2018

Transaction ID : A2018-2118301

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 125 OF 243
	<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. 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 ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A2018-2168655

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 100 Oakdale

City Floresville	State TX	Zip Code 78114
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Case Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816580

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 100 Oakdale

City Floresville	State TX	Zip Code 78114
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Case Management
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890673

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 126 OF 243
<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. Lopez, Elvira, , Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Oakdale

City Floresville	State TX	Zip Code 78114
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Case Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974415

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 100 Oakdale

City Floresville	State TX	Zip Code 78114
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Director of Case Management
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130874

Amount of Each Receipt this Period
19.24

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816681

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 243
	<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. 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890773
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974515
 Amount of Each Receipt this Period 19.24
 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130808
 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 128 OF 243
	<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. Mach, Robert, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8270 Castles Ct
 City Kalamazoo State MI Zip Code 49009
 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 ▼ 615.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816665
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Mach, Robert, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8270 Castles Ct
 City Kalamazoo State MI Zip Code 49009
 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 ▼ 653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890757
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Mach, Robert, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8270 Castles Ct
 City Kalamazoo State MI Zip Code 49009
 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974499
 Amount of Each Receipt this Period
 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 243
	<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. Mach, Robert, W, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8270 Castles Ct
 City Kalamazoo State MI Zip Code 49009
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130792
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Madonna, Andrea, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 Skelp Level Road
 City Downingtown State PA Zip Code 19335
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816642
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Madonna, Andrea, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1350 Skelp Level Road
 City Downingtown State PA Zip Code 19335
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890734
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 243
	<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. Madonna, Andrea, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Skelp Level Road

City Downingtown	State PA	Zip Code 19335
---------------------	-------------	-------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974476

Amount of Each Receipt this Period
38.47

Memo Item

B. Madonna, Andrea, L, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1350 Skelp Level Road

City Downingtown	State PA	Zip Code 19335
---------------------	-------------	-------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130769

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816702

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 243
	<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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890628

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974370

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130829

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 243
	<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. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816568

Amount of Each Receipt this Period
19.24

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890661

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974403

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 133 OF 243
	<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. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130862

Amount of Each Receipt this Period
19.24

Memo Item

B. Marks, Kendra, K, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6035 Hilmar Dr

City Westerville	State OH	Zip Code 43082-9363
---------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816601

Amount of Each Receipt this Period
19.24

Memo Item

C. Marks, Kendra, K, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6035 Hilmar Dr

City Westerville	State OH	Zip Code 43082-9363
---------------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890694

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 134 OF 243
	<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. Marks, Kendra, K, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6035 Hilmar Dr

City Westerville	State OH	Zip Code 43082-9363
---------------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974436

Amount of Each Receipt this Period
19.24

Memo Item

B. Marks, Kendra, K, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6035 Hilmar Dr

City Westerville	State OH	Zip Code 43082-9363
---------------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130895

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816693

Amount of Each Receipt this Period
19.24

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 135 OF 243
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890785
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974527
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130820
 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 136 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼
1173.19

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816605

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 ▼
1192.43

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890698

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
1211.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974440

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 137 OF 243
	(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. 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 ▼
1230.91

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130899

Amount of Each Receipt this Period
19.24

Memo Item

B. McCarter, Donald, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 Harvest Drive

City Telford	State PA	Zip Code 18969-2200
-----------------	-------------	------------------------

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816701

Amount of Each Receipt this Period
76.93

Memo Item

C. McCarter, Donald, B, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 606 Harvest Drive

City Telford	State PA	Zip Code 18969-2200
-----------------	-------------	------------------------

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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890793

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....	173.10
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 138 OF 243
	<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. McCarter, Donald, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 Harvest Drive
 City Telford State PA Zip Code 18969-2200
 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 ▼ 1384.74

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974369
 Amount of Each Receipt this Period 76.93
 Memo Item

B. McCarter, Donald, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 606 Harvest Drive
 City Telford State PA Zip Code 18969-2200
 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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130828
 Amount of Each Receipt this Period 76.93
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816572
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 139 OF 243
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. McLain, Cynthia, G, Mrs.,			Date of Receipt
Mailing Address 1120 South Albert Pike			<input type="text" value="08"/> / <input type="text" value="24"/> / <input type="text" value="2018"/>
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2018-1890665
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1961.63"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. McLain, Cynthia, G, Mrs.,			Date of Receipt
Mailing Address 1120 South Albert Pike			<input type="text" value="09"/> / <input type="text" value="07"/> / <input type="text" value="2018"/>
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2018-1974407
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2077.02"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. McLain, Cynthia, G, Mrs.,			Date of Receipt
Mailing Address 1120 South Albert Pike			<input type="text" value="09"/> / <input type="text" value="21"/> / <input type="text" value="2018"/>
City Fort Smith	State AR	Zip Code 72903	Transaction ID : A2018-2130866
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="115.39"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="2192.41"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="346.17"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 140 OF 243
	<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. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816571

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890664

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974406

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 243
	<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. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130865
 Amount of Each Receipt this Period 38.47
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816646
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890738
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 142 OF 243
	<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. 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974480
 Amount of Each Receipt this Period 38.47
 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 ▼ 730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : A2018-2130773
 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 ▼ 1846.24

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816700
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 143 OF 243
	<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. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890792

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974368

Amount of Each Receipt this Period
115.39

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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130827

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 243
	<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. Meade, Andrew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Timber Falls Dr

City Longview	State TX	Zip Code 75605-8288
------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816670

Amount of Each Receipt this Period
38.47

Memo Item

B. Meade, Andrew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Timber Falls Dr

City Longview	State TX	Zip Code 75605-8288
------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890762

Amount of Each Receipt this Period
38.47

Memo Item

C. Meade, Andrew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Timber Falls Dr

City Longview	State TX	Zip Code 75605-8288
------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974504

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 243
	<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. Meade, Andrew, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 185 Timber Falls Dr

City Longview	State TX	Zip Code 75605-8288
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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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130797

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816604

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890697

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 243
	<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. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974439

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130898

Amount of Each Receipt this Period
38.47

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
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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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816627

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 243
	<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. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890719
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 692.46

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974461
 Amount of Each Receipt this Period 38.47
 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130920
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 243
	<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. Muggli, David, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5850 Dripping Rock Ln Unit B102

City Fort Collins	State CO	Zip Code 80528-7230
----------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816672

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 5850 Dripping Rock Ln Unit B102

City Fort Collins	State CO	Zip Code 80528-7230
----------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890764

Amount of Each Receipt this Period
38.47

Memo Item

C. Muggli, David, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5850 Dripping Rock Ln Unit B102

City Fort Collins	State CO	Zip Code 80528-7230
----------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974506

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Muggli, David, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5850 Dripping Rock Ln Unit B102

City Fort Collins	State CO	Zip Code 80528-7230
----------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130799

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816579

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890672

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 150 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974414

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130873

Amount of Each Receipt this Period
115.39

Memo Item

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

Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816546

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 151 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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 ▼
653.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890639

Amount of Each Receipt this Period
 38.47

Memo Item

B. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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 ▼
692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974381

Amount of Each Receipt this Period
 38.47

Memo Item

C. Mumma, Michael, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5782 Stillwell Court

City Harrisburg	State PA	Zip Code 17112
--------------------	-------------	-------------------

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 ▼
730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : A2018-2130840

Amount of Each Receipt this Period
 38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 243
	<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. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816586

Amount of Each Receipt this Period
38.47

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890679

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974421

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 243
	<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. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130880

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816594

Amount of Each Receipt this Period
115.39

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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890687

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 154 OF 243
	<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. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974429

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130888

Amount of Each Receipt this Period
115.39

Memo Item

C. O'Connor, Donna, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3443 W. Frankfort Drive

City Chandler	State AZ	Zip Code 85226
------------------	-------------	-------------------

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816599

Amount of Each Receipt this Period
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 155 OF 243
	<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'Connor, Donna, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3443 W. Frankfort Drive

City Chandler	State AZ	Zip Code 85226
------------------	-------------	-------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890692

Amount of Each Receipt this Period
19.24

Memo Item

B. O'Connor, Donna, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3443 W. Frankfort Drive

City Chandler	State AZ	Zip Code 85226
------------------	-------------	-------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974434

Amount of Each Receipt this Period
19.24

Memo Item

C. O'Connor, Donna, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3443 W. Frankfort Drive

City Chandler	State AZ	Zip Code 85226
------------------	-------------	-------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130893

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 156 OF 243
	<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. O'Keefe, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 Courtney Ln

City Biloxi	State MS	Zip Code 39532-5324
----------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816617

Amount of Each Receipt this Period
19.24

Memo Item

B. O'Keefe, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 Courtney Ln

City Biloxi	State MS	Zip Code 39532-5324
----------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890709

Amount of Each Receipt this Period
19.24

Memo Item

C. O'Keefe, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 Courtney Ln

City Biloxi	State MS	Zip Code 39532-5324
----------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974451

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 157 OF 243
	<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. O'Keefe, John, M, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1884 Courtney Ln

City Biloxi	State MS	Zip Code 39532-5324
----------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130910

Amount of Each Receipt this Period

19.24

 Memo Item

B. 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
----------------------	-------------	-------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816606

Amount of Each Receipt this Period

38.47

 Memo Item

C. 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
----------------------	-------------	-------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890699

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 158 OF 243
	<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. 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
----------------------	-------------	-------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974441

Amount of Each Receipt this Period
38.47

Memo Item

B. 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
----------------------	-------------	-------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130900

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816680

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 159 OF 243
	<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. 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 ▼ 3269.27

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890772
 Amount of Each Receipt this Period 192.31
 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 ▼ 3461.58

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974514
 Amount of Each Receipt this Period 192.31
 Memo Item

C. 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 ▼ 3653.89

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130807
 Amount of Each Receipt this Period 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	576.93
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 160 OF 243
	(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. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816645

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890737

Amount of Each Receipt this Period
115.39

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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974479

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 161 OF 243
	<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. 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130772
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Pennacchia, Raymond, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Cold Spring Lane
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816698
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Pennacchia, Raymond, J, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Cold Spring Lane
 City Media State PA Zip Code 19063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Marketing Senior
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890790
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 243
	<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. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974366

Amount of Each Receipt this Period

115.39

 Memo Item

B. Pennacchia, Raymond, J, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Cold Spring Lane

City Media	State PA	Zip Code 19063
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130825

Amount of Each Receipt this Period

115.39

 Memo Item

C. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816655

Amount of Each Receipt this Period

38.47

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890747
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974489
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130782
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 164 OF 243
	<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. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816630

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890722

Amount of Each Receipt this Period
38.47

Memo Item

C. 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
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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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974464

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 165 OF 243
	<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. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130757

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816549

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890642

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 166 OF 243
	<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. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974384

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130843

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816635

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 167 OF 243
	<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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890727

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974469

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130762

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 168 OF 243
	<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. Pomeranz, Bruce, A, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Knickerbocker Road
 City Tenafly State NJ Zip Code 07670
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A2018-2157163
 Amount of Each Receipt this Period 3000.00
 Memo Item

B. Ponczocha, John, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28410 Glenwood St
 City Saint Clair Shores State MI Zip Code 48081-1546
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816664
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Ponczocha, John, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28410 Glenwood St
 City Saint Clair Shores State MI Zip Code 48081-1546
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890756
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3076.94
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 169 OF 243
	<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. Ponczocho, John, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28410 Glenwood St
 City Saint Clair Shores State MI Zip Code 48081-1546
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974498
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Ponczocho, John, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 28410 Glenwood St
 City Saint Clair Shores State MI Zip Code 48081-1546
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130791
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Principe, Adam, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1207 Wings Way
 City Cantonment State FL Zip Code 32533
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816637
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 170 OF 243
	<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. Principe, Adam, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890729

Amount of Each Receipt this Period
38.47

Memo Item

B. Principe, Adam, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974471

Amount of Each Receipt this Period
38.47

Memo Item

C. Principe, Adam, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address 1207 Wings Way

City Cantonment	State FL	Zip Code 32533
--------------------	-------------	-------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130764

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 243
	<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. 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816610
 Amount of Each Receipt this Period 38.47
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890703
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974445
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 243
	<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. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130904
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816603
 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890696
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	76.95
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 243
	<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. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974438
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130897
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Rawley, Jennifer, S, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5972 Hollow Wood Ct
 City Winston Salem State NC Zip Code 27104-3771
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816669
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 243
	<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. Rawley, Jennifer, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5972 Hollow Wood Ct

City Winston Salem	State NC	Zip Code 27104-3771
-----------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890761

Amount of Each Receipt this Period
38.47

Memo Item

B. Rawley, Jennifer, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5972 Hollow Wood Ct

City Winston Salem	State NC	Zip Code 27104-3771
-----------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974503

Amount of Each Receipt this Period
38.47

Memo Item

C. Rawley, Jennifer, S, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5972 Hollow Wood Ct

City Winston Salem	State NC	Zip Code 27104-3771
-----------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130796

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 175 OF 243
	<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. Readinger, Phillip, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 Country Chase Dr

City Lake Saint Louis	State MO	Zip Code 63367-5847
--------------------------	-------------	------------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816671

Amount of Each Receipt this Period
19.24

Memo Item

B. Readinger, Phillip, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 Country Chase Dr

City Lake Saint Louis	State MO	Zip Code 63367-5847
--------------------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890763

Amount of Each Receipt this Period
19.24

Memo Item

C. Readinger, Phillip, C, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 511 Country Chase Dr

City Lake Saint Louis	State MO	Zip Code 63367-5847
--------------------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974505

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 177 OF 243
	<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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974420
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130879
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816629
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 178 OF 243
	<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. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890721

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974463

Amount of Each Receipt this Period

38.47

 Memo Item

C. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130756

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 179 OF 243
	<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. 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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816682

Amount of Each Receipt this Period
76.93

Memo Item

B. 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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890774

Amount of Each Receipt this Period
76.93

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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974516

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 243
	<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. 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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130809

Amount of Each Receipt this Period

76.93

 Memo Item

B. 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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816615

Amount of Each Receipt this Period

19.24

 Memo Item

C. 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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890707

Amount of Each Receipt this Period

19.24

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 181 OF 243
	<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. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974449
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130908
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 3076.96

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816539
 Amount of Each Receipt this Period 192.31
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 182 OF 243
	<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. 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 ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890632

Amount of Each Receipt this Period
192.31

Memo Item

B. 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 ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974374

Amount of Each Receipt this Period
192.31

Memo Item

C. 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 ▼
3653.89

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130833

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 183 OF 243
	<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. 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 ▼
3076.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816636

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 ▼
3269.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890728

Amount of Each Receipt this Period
192.31

Memo Item

C. 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 ▼
3461.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974470

Amount of Each Receipt this Period
192.31

Memo Item

SUBTOTAL of Receipts This Page (optional).....	576.93
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 243
	<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. 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 ▼ 3653.89

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130763
 Amount of Each Receipt this Period 192.31
 Memo Item

B. Sadler, Lynne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cornell Drive Suite 1050
 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) Regional Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816562
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Sadler, Lynne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cornell Drive Suite 1050
 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) Regional Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890655
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 243
	<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. Sadler, Lynne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cornell Drive
 Suite 1050
 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) Regional Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974397
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Sadler, Lynne, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Cornell Drive
 Suite 1050
 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) Regional Director of Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130856
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Saich, John, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Daisy Ln
 City Palmyra State PA Zip Code 17078-9202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President Chief HR O
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A2018-2157164
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 5038.48
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 186 OF 243
	<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. 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816697
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890789
 Amount of Each Receipt this Period 38.47
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974531
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 187 OF 243
	<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. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130824

Amount of Each Receipt this Period
38.47

Memo Item

B. Schlichtmann, Phyllis, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 E Fleming Pike

City Hammonton	State NJ	Zip Code 08037-2462
-------------------	-------------	------------------------

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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816666

Amount of Each Receipt this Period
38.47

Memo Item

C. Schlichtmann, Phyllis, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 59 E Fleming Pike

City Hammonton	State NJ	Zip Code 08037-2462
-------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890758

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 189 OF 243
	<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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890669

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974411

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130870

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 243
	<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. Schwab, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Mya Court

City West Newtown	State PA	Zip Code 15089
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816677

Amount of Each Receipt this Period
19.24

Memo Item

B. Schwab, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Mya Court

City West Newtown	State PA	Zip Code 15089
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890769

Amount of Each Receipt this Period
19.24

Memo Item

C. Schwab, Eric, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 306 Mya Court

City West Newtown	State PA	Zip Code 15089
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974511

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 192 OF 243
	<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. Selman, David, B, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15145 N 104th Way

City Scottsdale	State AZ	Zip Code 85255-8570
--------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974508

Amount of Each Receipt this Period
38.47

Memo Item

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

Mailing Address 15145 N 104th Way

City Scottsdale	State AZ	Zip Code 85255-8570
--------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130801

Amount of Each Receipt this Period
38.47

Memo Item

C. Shaffer, Deanne, L, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9145 Lakewood Drive
Suite 1050

City Whitmore Lake	State MI	Zip Code 48189
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Regional Director of Case Management
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816559

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 193 OF 243
	<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. Shaffer, Deanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9145 Lakewood Drive
 Suite 1050
 City Whitmore Lake State MI Zip Code 48189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890652
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Shaffer, Deanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9145 Lakewood Drive
 Suite 1050
 City Whitmore Lake State MI Zip Code 48189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974394
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Shaffer, Deanne, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9145 Lakewood Drive
 Suite 1050
 City Whitmore Lake State MI Zip Code 48189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Regional Director of Case Managemen
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130853
 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 194 OF 243
	<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. Sheffield, Loretta, W, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2360 Mill Rd

City Mechanicsburg	State PA	Zip Code 17055-6081
-----------------------	-------------	------------------------

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 ▼
3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2018

Transaction ID : A2018-2157159

Amount of Each Receipt this Period
3000.00

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816582

Amount of Each Receipt this Period
76.93

Memo Item

C. 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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890675

Amount of Each Receipt this Period
76.93

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3153.86
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 195 OF 243
	<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. 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 ▼ 1384.74

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974417
 Amount of Each Receipt this Period
 76.93
 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 ▼ 1461.67

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : A2018-2130876
 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 ▼ 615.52

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816597
 Amount of Each Receipt this Period
 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 196 OF 243
	<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. 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890690
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 692.46

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974432
 Amount of Each Receipt this Period 38.47
 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130891
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 197 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Simodejka, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cottage HI W
 City Pottsville State PA Zip Code 17901-1816
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816652
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Simodejka, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cottage HI W
 City Pottsville State PA Zip Code 17901-1816
 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890744
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Simodejka, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cottage HI W
 City Pottsville State PA Zip Code 17901-1816
 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974486
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 198 OF 243
	(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. Simodejka, John, E, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Cottage HI W
 City Pottsville State PA Zip Code 17901-1816
 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130779
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816696
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890788
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 243
	<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. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974530
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Singer, Deborah, L, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 195 Honeybelle Oval
 City Chagrin Falls State OH Zip Code 44022
 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130823
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816692
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. 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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890784

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974526

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130819

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 243
	<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. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816623

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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890715

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974457

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 202 OF 243
	<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. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130916

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816544

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890637

Amount of Each Receipt this Period
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 243
	<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. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974379

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130838

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816608

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 243
	<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. 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 **653.99**

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890701
 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 **692.46**

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974443
 Amount of Each Receipt this Period **38.47**
 Memo Item

C. 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 **730.93**

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130902
 Amount of Each Receipt this Period **38.47**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 243
	<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. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816541

Amount of Each Receipt this Period 115.39

Memo Item

B. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890634

Amount of Each Receipt this Period 115.39

Memo Item

C. Sloterbeek, Meridell, , Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 164 E Dawn Dr

City Tempe State AZ Zip Code 85284-3160

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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974376

Amount of Each Receipt this Period 115.39

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 243
	<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. Sloterbeek, Meridell, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 164 E Dawn Dr
 City Tempe State AZ Zip Code 85284-3160
 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 ▼ 2192.41

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130835
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Smacher, Michele, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 South Alydar Blvd. Suite 1050
 City Dillsburg State PA Zip Code 17019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Financial Planning & An
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816584
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Smacher, Michele, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 South Alydar Blvd. Suite 1050
 City Dillsburg State PA Zip Code 17019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Financial Planning & An
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890677
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 153.87
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 207 OF 243
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Smacher, Michele, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 South Alydar Blvd.
 Suite 1050
 City Dillsburg State PA Zip Code 17019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Financial Planning & An
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974419
 Amount of Each Receipt this Period 19.24
 Memo Item

B. Smacher, Michele, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11 South Alydar Blvd.
 Suite 1050
 City Dillsburg State PA Zip Code 17019
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Director of Financial Planning & An
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130878
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Smith, Nigel, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4431 Block Otter Trail
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816624
 Amount of Each Receipt this Period 38.47
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 243
	<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. Smith, Nigel, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4431 Block Otter Trail

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890716

Amount of Each Receipt this Period
38.47

Memo Item

B. Smith, Nigel, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4431 Block Otter Trail

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974458

Amount of Each Receipt this Period
38.47

Memo Item

C. Smith, Nigel, D, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4431 Block Otter Trail

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130917

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 243
	<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. 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816542
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 1961.63

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890635
 Amount of Each Receipt this Period 115.39
 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 ▼ 2077.02

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974377
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 243
	<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. 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 ▼ 2192.41

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130836
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816548
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890641
 Amount of Each Receipt this Period 19.24
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	153.87
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 243
	<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. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974383

Amount of Each Receipt this Period
19.24

Memo Item

B. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130842

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 ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816575

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 212 OF 243
	<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. 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890668
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974410
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130869
 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 213 OF 243
	<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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816583

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890676

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974418

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 214 OF 243
	<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. 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130877
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Tarvin, Michael, E, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 Willow Lake Dr
 City Carlisle State PA Zip Code 17015-9164
 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 ▼ 5000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A2018-2157160
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Taylor, Marcia, R, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 578
 City Ellendale State TN Zip Code 38029-0578
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816660
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5076.94
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 215 OF 243
	<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. Taylor, Marcia, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 578

City Ellendale	State TN	Zip Code 38029-0578
-------------------	-------------	------------------------

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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890752

Amount of Each Receipt this Period
38.47

Memo Item

B. Taylor, Marcia, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 578

City Ellendale	State TN	Zip Code 38029-0578
-------------------	-------------	------------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974494

Amount of Each Receipt this Period
38.47

Memo Item

C. Taylor, Marcia, R, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 578

City Ellendale	State TN	Zip Code 38029-0578
-------------------	-------------	------------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130787

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.41
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 216 OF 243
	<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. 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 ▼ 615.52

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816638
 Amount of Each Receipt this Period 38.47
 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890730
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 692.46

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974472
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 217 OF 243
	<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. 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130765
 Amount of Each Receipt this Period 38.47
 Memo Item

B. 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 ▼ 615.52

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816694
 Amount of Each Receipt this Period 38.47
 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890786
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 243
	<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. Theroult, 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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974528

Amount of Each Receipt this Period
38.47

Memo Item

B. Theroult, 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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130821

Amount of Each Receipt this Period
38.47

Memo Item

C. 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 ▼
1846.24

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816648

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 219 OF 243
	<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. 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 ▼ 1961.63

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890740
 Amount of Each Receipt this Period 115.39
 Memo Item

B. 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 ▼ 2077.02

Date of Receipt **09 / 07 / 2018**
Transaction ID : A2018-1974482
 Amount of Each Receipt this Period 115.39
 Memo Item

C. 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 ▼ 2192.41

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130775
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 243
	<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816689

Amount of Each Receipt this Period
19.24

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890781

Amount of Each Receipt this Period
19.24

Memo Item

C. 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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974523

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 221 OF 243
	<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. 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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130816

Amount of Each Receipt this Period

92.14

 Memo Item

B. Umbehauer, 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816679

Amount of Each Receipt this Period

38.47

 Memo Item

C. Umbehauer, 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890771

Amount of Each Receipt this Period

38.47

 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 222 OF 243
	<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. Umberhauer, 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 ▼ 692.46

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974513
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Umberhauer, 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 ▼ 730.93

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130806
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Veit, Joel, T, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 345 North 30th Street
 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) Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 09 / 26 / 2018
Transaction ID : A2018-2157161
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3076.94
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 223 OF 243
	<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 ▼ 307.84

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816563
 Amount of Each Receipt this Period 19.24
 Memo Item

B. 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 ▼ 327.08

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890656
 Amount of Each Receipt this Period 19.24
 Memo Item

C. 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 ▼ 346.32

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974398
 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 224 OF 243
	<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. 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 ▼ 365.56

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130857
 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 PI
 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 ▼ 615.52

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816650
 Amount of Each Receipt this Period 38.47
 Memo Item

C. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 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 ▼ 653.99

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890742
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	96.18
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 225 OF 243
	<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. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974484
 Amount of Each Receipt this Period
 38.47
 Memo Item

B. Wagley, Ronnie, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10305 SW 27th PI
 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 ▼ 730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : A2018-2130777
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. 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
 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 ▼ 307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816557
 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 226 OF 243
	<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
----------------	-------------	-------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890650

Amount of Each Receipt this Period
19.24

Memo Item

B. 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
----------------	-------------	-------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974392

Amount of Each Receipt this Period
19.24

Memo Item

C. 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
----------------	-------------	-------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130851

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 227 OF 243
	<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. 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
--------------------	-------------	------------------------

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	10	/	2018

Transaction ID : A2018-1816581

Amount of Each Receipt this Period
76.93

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
--------------------	-------------	------------------------

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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890674

Amount of Each Receipt this Period
76.93

Memo Item

C. 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
--------------------	-------------	------------------------

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 ▼
1384.74

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974416

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 243
	<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. 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
--------------------	-------------	------------------------

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 ▼
1461.67

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130875

Amount of Each Receipt this Period
76.93

Memo Item

B. Wells, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1108 1/2 East Palm Avenue

City Tampa	State FL	Zip Code 33605
---------------	-------------	-------------------

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 ▼
1230.88

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816578

Amount of Each Receipt this Period
76.93

Memo Item

C. Wells, Mark, T, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1108 1/2 East Palm Avenue

City Tampa	State FL	Zip Code 33605
---------------	-------------	-------------------

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 ▼
1307.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890671

Amount of Each Receipt this Period
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 243
	<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. Wells, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 1/2 East Palm Avenue
 City Tampa State FL Zip Code 33605
 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 ▼ 1384.74

Date of Receipt 09 / 07 / 2018
Transaction ID : A2018-1974413
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Wells, Mark, T, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1108 1/2 East Palm Avenue
 City Tampa State FL Zip Code 33605
 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 ▼ 1461.67

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130872
 Amount of Each Receipt this Period 76.93
 Memo Item

C. 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 ▼ 1846.24

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816683
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	269.25
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 243
	<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 ▼
1961.63

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890775

Amount of Each Receipt this Period
115.39

Memo Item

B. 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 ▼
2077.02

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974517

Amount of Each Receipt this Period
115.39

Memo Item

C. 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 ▼
2192.41

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		21		2018

Transaction ID : A2018-2130810

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 243
	<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, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4485 Alderny Circle

City High Point	State NC	Zip Code 27265
--------------------	-------------	-------------------

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 ▼
307.84

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816600

Amount of Each Receipt this Period
 19.24

Memo Item

B. Williams, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4485 Alderny Circle

City High Point	State NC	Zip Code 27265
--------------------	-------------	-------------------

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 ▼
327.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 24 / 2018
Transaction ID : A2018-1890693

Amount of Each Receipt this Period
 19.24

Memo Item

C. Williams, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4485 Alderny Circle

City High Point	State NC	Zip Code 27265
--------------------	-------------	-------------------

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 ▼
346.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974435

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 232 OF 243
	<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. Williams, Lisa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4485 Alderny Circle
 City High Point State NC Zip Code 27265
 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 ▼ 365.56

Date of Receipt 09 / 21 / 2018
Transaction ID : A2018-2130894
 Amount of Each Receipt this Period 19.24
 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 ▼ 615.52

Date of Receipt 08 / 10 / 2018
Transaction ID : A2018-1816656
 Amount of Each Receipt this Period 38.47
 Memo Item

C. 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 ▼ 653.99

Date of Receipt 08 / 24 / 2018
Transaction ID : A2018-1890748
 Amount of Each Receipt this Period 38.47
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	96.18
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 243
	<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. 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 ▼ 692.46

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 07 / 2018
Transaction ID : A2018-1974490
 Amount of Each Receipt this Period
 38.47
 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 ▼ 730.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 21 / 2018
Transaction ID : A2018-2130783
 Amount of Each Receipt this Period
 38.47
 Memo Item

C. Wuchter, Gregory, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 125 Greyfield Cir
 City Savannah State GA Zip Code 31407-4816
 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
 M M M / D D D / Y Y Y Y Y Y
 08 / 10 / 2018
Transaction ID : A2018-1816673
 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 234 OF 243
	<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. Wuchter, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Greyfield Cir

City Savannah	State GA	Zip Code 31407-4816
------------------	-------------	------------------------

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 ▼
327.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	24	/	2018

Transaction ID : A2018-1890765

Amount of Each Receipt this Period
19.24

Memo Item

B. Wuchter, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Greyfield Cir

City Savannah	State GA	Zip Code 31407-4816
------------------	-------------	------------------------

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 ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	07	/	2018

Transaction ID : A2018-1974507

Amount of Each Receipt this Period
19.24

Memo Item

C. Wuchter, Gregory, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Greyfield Cir

City Savannah	State GA	Zip Code 31407-4816
------------------	-------------	------------------------

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 ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2018

Transaction ID : A2018-2130800

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 235 OF 243
	<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. 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 ▼
615.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		10		2018

Transaction ID : A2018-1816639

Amount of Each Receipt this Period
38.47

Memo Item

B. 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 ▼
653.99

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		24		2018

Transaction ID : A2018-1890731

Amount of Each Receipt this Period
38.47

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2018

Transaction ID : A2018-1974473

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 236 OF 243
<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. 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 ▼ 730.93

Date of Receipt **09 / 21 / 2018**
Transaction ID : A2018-2130766
 Amount of Each Receipt this Period 38.47
 Memo Item

B. Zaciewski, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 307.84

Date of Receipt **08 / 10 / 2018**
Transaction ID : A2018-1816654
 Amount of Each Receipt this Period 19.24
 Memo Item

C. Zaciewski, Gary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1667 K Street NW Suite 1050
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 327.08

Date of Receipt **08 / 24 / 2018**
Transaction ID : A2018-1890746
 Amount of Each Receipt this Period 19.24
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 243
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Zaciewski, Gary, , ,			Date of Receipt MM / DD / YYYY 09 / 07 / 2018 Transaction ID : A2018-1974488
Mailing Address 1667 K Street NW Suite 1050			Amount of Each Receipt this Period 19.24
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 346.32	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Zaciewski, Gary, , ,			Date of Receipt MM / DD / YYYY 09 / 21 / 2018 Transaction ID : A2018-2130781
Mailing Address 1667 K Street NW Suite 1050			Amount of Each Receipt this Period 19.24
City Washington	State DC	Zip Code 20006	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 365.56	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Zanke, Christopher, V, Mr.,			Date of Receipt MM / DD / YYYY 08 / 17 / 2018 Transaction ID : A2018-1874251
Mailing Address 7 Martha Court			Amount of Each Receipt this Period 38.47
City Canonsburg	State PA	Zip Code 15317	<input type="checkbox"/> Memo Item
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date 653.99	
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 238 OF 243
	<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. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼
692.46

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2018

Transaction ID : A2018-1920004

Amount of Each Receipt this Period
38.47

Memo Item

B. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼
730.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		14		2018

Transaction ID : A2018-2118300

Amount of Each Receipt this Period
38.47

Memo Item

C. Zanke, Christopher, V, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Martha Court

City Canonsburg	State PA	Zip Code 15317
--------------------	-------------	-------------------

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 ▼
769.40

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		28		2018

Transaction ID : A2018-2168654

Amount of Each Receipt this Period
38.47

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.41
TOTAL This Period (last page this line number only).....	67947.64

**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

Full Name (Last, First, Middle Initial) A. Terri Sewell for Congress		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address PO Box 1964		FEC Identification Number C 000458976 Transaction ID : B699493 Amount of Each Disbursement this Period 5000.00
City Birmingham	State AL	Zip Code 35201
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Sewell, Terri, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: AL District: 07		

Full Name (Last, First, Middle Initial) B. Together Everyone Realizes Real Impact PAC		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 499 S Capitol Street SW Suite 404		FEC Identification Number C 000525030 Transaction ID : B699492 Amount of Each Disbursement this Period 5000.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) C. Beatty for Congress		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address 222 East Town Street Suite 2W		FEC Identification Number C 000507368 Transaction ID : B700035 Amount of Each Disbursement this Period 5000.00
City Columbus	State OH	Zip Code 43215
Purpose of Disbursement Contribution	011 Category/ Type	
Candidate Name Beatty, Joyce, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 03		

SUBTOTAL of Disbursements This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Tom MacArthur for Congress

Mailing Address PO Box 999

City Edison State NJ Zip Code 08818

Purpose of Disbursement Contribution

Category/Type

Candidate Name
MacArthur, Tom, , ,

Office Sought: House
 Senate
 President
State: NJ District: 03

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B700776

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. New Voice PAC

Mailing Address 35 East Gay Street Suite 403

City Columbus State OH Zip Code 43215

Purpose of Disbursement Contribution

Category/Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) Not Applicable

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B702451

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Bilirakis for Congress

Mailing Address 41 North Ring Avenue

City Tarpon Springs State FL Zip Code 34689

Purpose of Disbursement Contribution

Category/Type

Candidate Name
Bilirakis, Gus, , ,

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B703661

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER: (check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. ROSKAM PAC		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO Box 1011		FEC Identification Number C C00451294 Transaction ID : B697801 Amount of Each Disbursement this Period - 5000.00
City Wheaton	State IL	Zip Code 60187
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name	Memo Item <input type="checkbox"/>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	Voided: Original check dated 07/27/18
State: District:		

Full Name (Last, First, Middle Initial) B. Roskam for Congress Cmte		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018
Mailing Address PO Box 713		FEC Identification Number C C00410969 Transaction ID : B697802 Amount of Each Disbursement this Period - 5000.00
City Wheaton	State IL	Zip Code 60187
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name Roskam, Peter, J, ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Voided: Original check dated 07/27/18
State: IL District: 06		

Full Name (Last, First, Middle Initial) C. Aftab for Ohio		Date of Disbursement MM / DD / YYYY 09 / 29 / 2018
Mailing Address PO Box 713		FEC Identification Number C C00667519 Transaction ID : B706454 Amount of Each Disbursement this Period 2500.00
City Cincinnati	State OH	Zip Code 45201
Purpose of Disbursement Contribution	Category/ Type 011	
Candidate Name Pureval, Aftab, , ,	Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH District: 01		

SUBTOTAL of Disbursements This Page (optional).....▶	- 7500.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Schiff for Congress

Mailing Address 777 S. Figueroa St.
Suite 4050

City Los Angeles State CA Zip Code 90017

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name
Schiff, Adam, , ,

Office Sought: House
 Senate
 President
State: CA District: 28

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : B706455

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Friends of Chris Carr		Date of Disbursement MM / DD / YYYY 08 / 23 / 2018
Mailing Address PO Box 724084		FEC Identification Number C [] Transaction ID : B700034
City Atlanta	State GA	Zip Code 30339
Purpose of Disbursement G-2018 State Att. General GA		Category/ Type 011
Candidate Name Carr, Chris, , ,		Amount of Each Disbursement this Period 1000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: GA	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C []
City	State	Zip Code
Purpose of Disbursement		Category/ Type
Candidate Name		Amount of Each Disbursement this Period
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00