

**SCHEDULE A (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

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. 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
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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
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
307.84

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		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).....	