

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

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

FOR LINE NUMBER: PAGE 154 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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Noro, Sharon, A, Mrs.,**

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

**Transaction ID : A2018-1974429**

Amount of Each Receipt this Period

115.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Noro, Sharon, A, Mrs.,**

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

**Transaction ID : A2018-2130888**

Amount of Each Receipt this Period

115.39

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. O'Connor, Donna, J, Ms.,**

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 / D D / 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)..... ►

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

250.02