

# 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.

Type or Print Name of Treasurer

Signature of Treasurer  [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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		122587.84
(b) Cash on Hand at Beginning of Reporting Period.....	122587.84	
(c) Total Receipts (from Line 19) .....	131137.28	131137.28
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	253725.12	253725.12
7. Total Disbursements (from Line 31).....	191220.00	191220.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62505.12	62505.12
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	104602.73	104602.73
(ii) Unitemized .....	26534.55	26534.55
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	131137.28	131137.28
(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) .....	131137.28	131137.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	131137.28	131137.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	131137.28	131137.28

**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 .....	20.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	20.00	20.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	196200.00	196200.00
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).....	- 5000.00	- 5000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	191220.00	191220.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	191220.00	191220.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	131137.28	131137.28
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	131137.28	131137.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	20.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	20.00	20.00

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

Form/Schedule: F3XA

Transaction ID :

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

Form/Schedule:

Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 352
	(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. Alexander, Jerry, W, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 36 Lambourn Drive

City Bella Vista	State AR	Zip Code 72714
---------------------	-------------	-------------------

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	07	/	2017

**Transaction ID : A2017-306751**

Amount of Each Receipt this Period  
500.00

Memo Item

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

Mailing Address 194 Willis Rd PO Box 249  
Suite 1050

City Etters	State PA	Zip Code 17319-0249
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139415**

Amount of Each Receipt this Period  
192.31

Memo Item

**C. Alexander, Patricia, U, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 194 Willis Rd PO Box 249  
Suite 1050

City Etters	State PA	Zip Code 17319-0249
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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 ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252890**

Amount of Each Receipt this Period  
192.31

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	884.62
<b>TOTAL</b> This Period (last page this line number only).....	

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

Form/Schedule: SA11AI  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 352
	<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. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Etters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.24

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317284**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Etters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 961.55

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461650**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Etters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1153.86

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521393**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 352
	<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. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1346.17

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682772**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1538.48

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737842**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1730.79

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074056**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 11 OF 352
	(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. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1923.10

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107955**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**B. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2115.41

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212047**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

**C. Alexander, Patricia, U, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 194 Willis Rd PO Box 249  
 Suite 1050  
 City Eters State PA Zip Code 17319-0249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2307.72

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328672**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 352
	<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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56488**  
 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  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139434**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252910**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 352
	<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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317304**  
 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  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461698**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521413**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 352
	<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. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682794**  
 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  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737864**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074078**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 352
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Alverzo, Joan, , Ms.,

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107977**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211971**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328694**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 352
	<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. 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737889**  
 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074103**  
 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 ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108002**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 352
	<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 ▼ 346.23

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211995**  
 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 ▼ 384.70

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328718**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 230.79

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139476**  
 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 18 OF 352
	<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 ▼ 307.72

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252927**  
 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 ▼ 384.65

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317321**  
 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 ▼ 461.58

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461577**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 352
	<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 ▼ 538.51

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521430**  
 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 ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682813**  
 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 ▼ 692.37

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737883**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 352
	<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. 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074097**  
 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107996**  
 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 ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211990**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 352
	<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. 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328713**  
 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56474**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139470**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 22 OF 352  
(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. 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252885**  
 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  
 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317342**  
 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461645**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 23 OF 352
	(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 <b>A. Barker, Mary, A, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 07 / 2017 <b>Transaction ID : A2017-521388</b>
Mailing Address 107 Burnam Wood Court		Amount of Each Receipt this Period 115.39
City Mount Laurel	State NJ	Zip Code 08054
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 ▼ 807.73	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Barker, Mary, A, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 21 / 2017 <b>Transaction ID : A2017-682767</b>
Mailing Address 107 Burnam Wood Court		Amount of Each Receipt this Period 115.39
City Mount Laurel	State NJ	Zip Code 08054
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 ▼ 923.12	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Barker, Mary, A, ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 05 / 05 / 2017 <b>Transaction ID : A2017-737837</b>
Mailing Address 107 Burnam Wood Court		Amount of Each Receipt this Period 115.39
City Mount Laurel	State NJ	Zip Code 08054
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 ▼ 1038.51	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 352
	<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. 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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074051**

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

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107950**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212042**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 352
	<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  
 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328667**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 230.79

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139385**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252961**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 352
	<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. 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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317243**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. 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 ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461617**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road  
 Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521470**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 352
	<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 ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682853**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. 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 ▼ 692.37

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737922**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road  
 Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 769.30

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073997**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 352
	<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. 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108036**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**B. 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 ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211931**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

**C. Bechtel, Melinda, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 110 Parkview Road  
 Suite 1050  
 City New Cumberland State PA Zip Code 17070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328609**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 352
	<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. 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 ▼ 211.64

Date of Receipt **05 / 26 / 2017**  
**Transaction ID : A2017-1128609**  
 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 ▼ 230.88

Date of Receipt **06 / 09 / 2017**  
**Transaction ID : A2017-1146333**  
 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 ▼ 250.12

Date of Receipt **06 / 23 / 2017**  
**Transaction ID : A2017-1321465**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 30 OF 352  
(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. 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682780**  
 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737850**  
 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 ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074064**  
 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 31 OF 352
	(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. 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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107963**

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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211912**

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328680**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 352
	<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. 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 ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139478**  
 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 ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252929**  
 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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317323**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 352
	<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. 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 ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461579**

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 ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521432**

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 ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682815**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 34 OF 352  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. 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 ▼ 692.37

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737884**  
 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 ▼ 769.30

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074098**  
 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 ▼ 846.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107997**  
 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 35 OF 352
	<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. 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 ▼  
923.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211991**

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 ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328714**

Amount of Each Receipt this Period  
76.93

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107968**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 36 OF 352
	(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. 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 ▼  
230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211962**

Amount of Each Receipt this Period  
 19.24

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 ▼  
250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328685**

Amount of Each Receipt this Period  
 19.24

Memo Item

**C. Berkstresser, Joedy, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2636 Chadbourne Drive

City York	State PA	Zip Code 17404
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139396**

Amount of Each Receipt this Period  
 76.93

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 37 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 307.72

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252972**  
 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 ▼ 384.65

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317257**  
 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 ▼ 461.58

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461631**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 352
	(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. 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 ▼ 538.51

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521484**  
 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 ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682867**  
 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 ▼ 692.37

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737936**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 352
	<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. 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 ▼ 769.30

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074011**  
 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 ▼ 846.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108048**  
 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 ▼ 923.16

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211943**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 352
	<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. 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328621**  
 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108007**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212000**  
 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 41 OF 352
	<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. 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 ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328723**  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107984**  
 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 ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211978**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 42 OF 352
	(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. Boland, Torianne, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Hunters Chase  
 City Eters 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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328701**  
 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 ▼ 230.79

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139453**  
 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 ▼ 307.72

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252868**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 352
	<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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317266**  
 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 ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461660**  
 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521369**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 352
	<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. 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 ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682748**  
 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 ▼ 692.37

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737818**  
 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 ▼ 769.30

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074032**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 45 OF 352  
(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. 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 ▼ 846.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107931**  
 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 ▼ 923.16

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212023**  
 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328648**  
 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 352
<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 ▼  
384.62

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56473**

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 ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139469**

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 ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252884**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 352
	<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. 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 ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317283**

Amount of Each Receipt this Period  

192.31
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 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 ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461644**

Amount of Each Receipt this Period  

192.31
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 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 ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521387**

Amount of Each Receipt this Period  

192.31
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 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 352
	<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. 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 ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682766**

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 ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737836**

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 ▼  
1923.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074050**

Amount of Each Receipt this Period  
192.31

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 352
	<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 ▼  
2115.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107949**

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 ▼  
2307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212041**

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 ▼  
2500.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328666**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 352
	<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 ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139416**

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 ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252891**

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 ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317285**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 352
	<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 ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461651**

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 ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521394**

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 ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682773**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 352
	<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. 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737843**  
 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074057**  
 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107956**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 352
	<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. 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 ▼  
923.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212048**

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 ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328673**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 311 N 24th Street  
Suite 1050

City Camp Hill	State PA	Zip Code 17011
-------------------	-------------	-------------------

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 ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461657**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 352
	<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. 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 ▼ 269.29

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521366**  
 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682745**  
 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737815**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 352
	<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. 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074029**  
 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 ▼ 423.17

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1107928**  
 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 ▼ 461.64

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1212020**  
 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 56 OF 352
	<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. 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 ▼ 500.11

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328645**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : A2017-56418**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139455**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252870**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317268**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461662**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521371**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682750**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737820**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 352
	<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. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074034**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1107933**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1212025**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Buckingham, Thomas, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Chantilly Court  
 City Mechanicsburg State PA Zip Code 17050  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328650**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461615**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521468**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 352
	<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. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682851**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737920**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073995**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 352
	<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. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108034**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211929**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Burns, Sonda, D, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4009 North Shore Drive  
 City Akron State OH Zip Code 44333  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328607**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 63 OF 352
	(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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Butt, Zaahra, A, ,</b>			Date of Receipt MM / DD / YYYY 04 / 21 / 2017 <b>Transaction ID : A2017-682800</b>
Mailing Address 4158 Cherrywood Suite 1050			Amount of Each Receipt this Period 38.47
City Troy	State MI	Zip Code 48098	<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) Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.82		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Butt, Zaahra, A, ,</b>			Date of Receipt MM / DD / YYYY 05 / 05 / 2017 <b>Transaction ID : A2017-737870</b>
Mailing Address 4158 Cherrywood Suite 1050			Amount of Each Receipt this Period 38.47
City Troy	State MI	Zip Code 48098	<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) Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 269.29		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Butt, Zaahra, A, ,</b>			Date of Receipt MM / DD / YYYY 05 / 19 / 2017 <b>Transaction ID : A2017-1074084</b>
Mailing Address 4158 Cherrywood Suite 1050			Amount of Each Receipt this Period 38.47
City Troy	State MI	Zip Code 48098	<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) Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 307.76		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 352
	<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. 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 ▼ 346.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107983**  
 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 ▼ 384.70

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211977**  
 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 ▼ 423.17

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328700**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 352
	<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 ▼ 230.82

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461678**  
 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 ▼ 269.29

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521499**  
 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682883**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 66 OF 352
	(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. 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 ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737952**  
 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 ▼ 384.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074106**  
 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108063**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 352
	<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 ▼ 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211958**  
 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 ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328636**  
 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1073980**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 68 OF 352	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 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. 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 ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1108030**

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 ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212012**

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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328735**

Amount of Each Receipt this Period  

38.47
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Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 352
	<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. 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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56453**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139395**

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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252971**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 352
	<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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317253**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461627**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521480**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 352
	<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 <b>A. Cannon, Matthew, D, ,</b>		Date of Receipt MM / DD / YYYY 04 / 21 / 2017 <b>Transaction ID : A2017-682863</b>
Mailing Address 19073 Twilight Trl		Amount of Each Receipt this Period 115.39
City Eden Prairie	State MN	Zip Code 55346-4047
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 ▼ 923.12	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Cannon, Matthew, D, ,</b>		Date of Receipt MM / DD / YYYY 05 / 05 / 2017 <b>Transaction ID : A2017-737932</b>
Mailing Address 19073 Twilight Trl		Amount of Each Receipt this Period 115.39
City Eden Prairie	State MN	Zip Code 55346-4047
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 ▼ 1038.51	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Cannon, Matthew, D, ,</b>		Date of Receipt MM / DD / YYYY 05 / 19 / 2017 <b>Transaction ID : A2017-1074007</b>
Mailing Address 19073 Twilight Trl		Amount of Each Receipt this Period 115.39
City Eden Prairie	State MN	Zip Code 55346-4047
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 ▼ 1153.90	

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

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

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

FOR LINE NUMBER: PAGE 72 OF 352  
(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. 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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108045**  
 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 ▼ 1384.68

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211940**  
 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328618**  
 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 73 OF 352
	<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. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

**Transaction ID : A2017-139388**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252964**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317246**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461620**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521473**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682856**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 352
	<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. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737925**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
769.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074000**

Amount of Each Receipt this Period  
76.93

Memo Item

**C. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
846.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1108039**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 352
	<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. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211934**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Carnevale, Raymond, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 350 South Hamilton Street Apt 405

City Madison	State WI	Zip Code 53703
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328612**

Amount of Each Receipt this Period  
76.93

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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

**Transaction ID : A2017-56467**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 352
	<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. 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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139463**

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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252878**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317277**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 352
	<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. 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 ▼ 692.34

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461638**  
 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 ▼ 807.73

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521380**  
 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682759**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 352
	<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. 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 ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737829**  
 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 ▼ 1153.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074043**  
 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 ▼ 1269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107942**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 352
	<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. 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 ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1212034**  
 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 ▼ 1500.07

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328659**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Changet, Patricia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6196 Grovedell St  
 City Magnolia State OH Zip Code 44643-9702  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328744**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 352
	<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. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682878**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737947**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074021**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 82 OF 352
	(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. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108058**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**B. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211953**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

**C. Chauhan, Varun, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7045 Saint Ursula Dr  
 City Canfield State OH Zip Code 44406-8046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328631**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 83 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 21 / 2017  
**Transaction ID : A2017-448402**  
 Amount of Each Receipt this Period  
 5000.00  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107938**  
 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 ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212030**  
 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 84 OF 352
	<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 ▼ 250.12

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328655**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Conover, Jevne, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461626**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Conover, Jevne, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521479**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 352
	<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. Conover, Jevne, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682862**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Conover, Jevne, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737931**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Conover, Jevne, R, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11896 Lakeshore Drive  
 City Grand Haven State MI Zip Code 49417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074006**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 86 OF 352  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107935**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212027**  
 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  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328652**  
 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 87 OF 352
	<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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107945**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212037**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328662**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 88 OF 352  
(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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56388**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139429**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252905**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 89 OF 352  
(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. 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317299**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461693**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 807.73

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521408**  
 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 90 OF 352
	<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. 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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682788**

Amount of Each Receipt this Period  
115.39

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737858**

Amount of Each Receipt this Period  
115.39

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074072**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 91 OF 352
	(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. 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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107971**

Amount of Each Receipt this Period  
115.39

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211965**

Amount of Each Receipt this Period  
115.39

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328688**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 92 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee    State FL    Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : A2017-56402**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee    State FL    Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139479**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee    State FL    Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252931**  
 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 93 OF 352
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317325**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**B. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461581**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**C. Davis, Lora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3022 Eagle Point Way  
 City Tallahassee State FL Zip Code 32312  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521434**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 352
	<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. Davis, Lora, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682817**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737886**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074100**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 352
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	<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. Davis, Lora, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107999**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211992**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 3022 Eagle Point Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328715**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
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	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dean, Stefanie, A, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1019 Peggy Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56476**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139412**

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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252887**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

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

FOR LINE NUMBER: PAGE 97 OF 352  
(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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317344**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461647**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521390**  
 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 98 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
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	<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. 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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682769**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737839**

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074053**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 352
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	<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. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107952**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212044**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328669**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 100 OF 352  
(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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56435**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139498**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252951**  
 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 101 OF 352
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	<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. 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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317352**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461605**

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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521458**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 102 OF 352
	(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. 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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682841**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737910**

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1073985**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 352
	<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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108016**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211919**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328740**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 104 OF 352  
(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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56398**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139475**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252926**  
 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 105 OF 352
	<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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317320**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461576**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521429**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 352
	<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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682812**  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737882**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074096**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 107 OF 352  
(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. 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 ▼ 1269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107995**  
 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 ▼ 1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211989**  
 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 ▼ 1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328712**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 108 OF 352  
(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. DiLullo, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 Beachwood Road  
 City Havertown State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt **03 / 17 / 2017**  
**Transaction ID : A2017-438030**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. DiLullo, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 Beachwood Road  
 City Havertown State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt **03 / 31 / 2017**  
**Transaction ID : A2017-510010**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. DiLullo, Robert, , Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 860 Beachwood Road  
 City Havertown State PA Zip Code 19083  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President of Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 14 / 2017**  
**Transaction ID : A2017-666203**  
 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 109 OF 352
	(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

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

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

Mailing Address 860 Beachwood Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

**Transaction ID : A2017-737956**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 860 Beachwood Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

**Transaction ID : A2017-989695**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 860 Beachwood Road

City Havertown	State PA	Zip Code 19083
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

**Transaction ID : A2017-1128604**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 352
	<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. DiLullo, Robert, , Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 860 Beachwood Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : A2017-1146328**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 860 Beachwood Road

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : A2017-1321460**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 202 Downing Pl  
Suite 1050

City Mechanicsburg	State PA	Zip Code 17050-6881
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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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

**Transaction ID : A2017-56433**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 111 OF 352
	<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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139495**  
 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252948**  
 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 ▼ 576.95

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317349**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 112 OF 352  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      **692.34**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**03 / 24 / 2017**  
**Transaction ID : A2017-461602**  
 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      **807.73**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**04 / 07 / 2017**  
**Transaction ID : A2017-521455**  
 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify)      **923.12**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**04 / 21 / 2017**  
**Transaction ID : A2017-682838**  
 Amount of Each Receipt this Period  
 **115.39**  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 113 OF 352  
(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. 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      **1038.51**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**05 / 05 / 2017**  
**Transaction ID : A2017-737907**  
 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼      **1153.90**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**05 / 19 / 2017**  
**Transaction ID : A2017-1073982**  
 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:      Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify)      **1269.29**

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
**06 / 02 / 2017**  
**Transaction ID : A2017-1108013**  
 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 114 OF 352
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. 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 ▼ 1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212014**  
 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 ▼ 1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328737**  
 Amount of Each Receipt this Period  
 115.39  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107976**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 352
	<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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211970**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328693**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Duggan, John, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1764 North Meadow Drive

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) Senior Vice President
---	--

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
01		09		2017

**Transaction ID : A2017-13793**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5038.48
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 116 OF 352  
(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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56472**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139468**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252883**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 117 OF 352  
(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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317282**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461643**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521386**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 118 OF 352  
(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. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682765**  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737835**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074049**  
 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 119 OF 352
	<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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107948**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212040**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328665**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 120 OF 352
	<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. Ewing, Chandler, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 102 Wildwood Drive  
 City Madison State MS Zip Code 39110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2017  
**Transaction ID : A2017-306749**  
 Amount of Each Receipt this Period  
 1000.00  
 Memo Item

**B. 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461575**  
 Amount of Each Receipt this Period  
 38.47  
 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521428**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1076.94
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 121 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682811**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737881**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074095**  
 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 122 OF 352
	<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. 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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107994**

Amount of Each Receipt this Period  

38.47
-------

 Memo Item

**B. 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 ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211988**

Amount of Each Receipt this Period  

38.47
-------

 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 ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328711**

Amount of Each Receipt this Period  

38.47
-------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 123 OF 352
	<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. Felps, Kathy, A, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 85115 Hwy 450

City Franklinton	State LA	Zip Code 70438
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328611**

Amount of Each Receipt this Period  

92.44	19.24
-------	-------

 Memo Item

**B. Fenn, Jeffrey, R, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3811 Glen Arbor Ct NE

City Brookhaven	State GA	Zip Code 30319-1870
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461685**

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 ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521400**

Amount of Each Receipt this Period  

38.47
-------

 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 124 OF 352
	(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. 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682779**  
 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737849**  
 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074063**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 125 OF 352  
(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. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107962**  
 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 ▼ 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211911**  
 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 ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328679**  
 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 126 OF 352
	<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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107929**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212021**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328646**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 352
	<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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108012**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212005**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328728**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 352
	<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. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461628**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521481**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682864**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 129 OF 352
	<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. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737933**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074008**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. Fischer, Racheal, Z, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 346 Old Salem Way

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-2536428**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 130 OF 352
	<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. 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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108014**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211917**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328738**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 131 OF 352
	<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. 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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : A2017-1128608**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2017

**Transaction ID : A2017-1146332**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		23		2017

**Transaction ID : A2017-1321464**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 132 OF 352
	<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. Gentry, Cheryl, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521372**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682751**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Gentry, Cheryl, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737821**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 133 OF 352
	<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. Gentry, Cheryl, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074035**

Amount of Each Receipt this Period  
38.47

Memo Item

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

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107934**

Amount of Each Receipt this Period  
38.47

Memo Item

**C. Gentry, Cheryl, , Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6206 Gallegos Dr

City West Lafayette	State IN	Zip Code 47906-5795
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212026**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 134 OF 352  
(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. Gentry, Cheryl, , Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6206 Gallegos Dr  
 City West Lafayette State IN Zip Code 47906-5795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328651**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 211.64

Date of Receipt 05 / 26 / 2017  
**Transaction ID : A2017-1128607**  
 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 ▼ 230.88

Date of Receipt 06 / 09 / 2017  
**Transaction ID : A2017-1146331**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 135 OF 352  
(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. 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 ▼ 250.12

Date of Receipt 06 / 23 / 2017  
**Transaction ID : A2017-1321463**  
 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 ▼ 211.64

Date of Receipt 05 / 26 / 2017  
**Transaction ID : A2017-1128606**  
 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 ▼ 230.88

Date of Receipt 06 / 09 / 2017  
**Transaction ID : A2017-1146330**  
 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 352
	<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 ▼ 250.12

Date of Receipt 06 / 23 / 2017  
**Transaction ID : A2017-1321462**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56438**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139501**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 137 OF 352  
(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. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252954**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317236**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461608**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 138 OF 352  
(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. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 807.73

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521461**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682844**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737913**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 139 OF 352  
(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. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073988**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108019**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211922**  
 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 140 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Goodson, David, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1059 Lionsgate Ln  
 City Gulf Breeze State FL Zip Code 32563-3479  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328743**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461632**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 269.29

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521485**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 141 OF 352
	<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. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682868**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737937**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074012**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 142 OF 352  
(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. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108049**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**B. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211944**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Griesheim, Glen, E, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3110 NW 16th Court  
 City Ankeny State IA Zip Code 50023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328622**  
 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 143 OF 352
	<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. 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 ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139491**  
 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 ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252944**  
 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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317338**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 144 OF 352
	<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. 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 ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461596**  
 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521449**  
 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 ▼ 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682832**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 145 OF 352
	<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. 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737901**  
 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1073975**  
 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108025**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 146 OF 352
	<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. 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 ▼ 923.16

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212007**  
 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328730**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 230.82

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461583**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 147 OF 352
	<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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521436**  
 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 ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682819**  
 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 ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737888**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 148 OF 352
	<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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074102**

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108001**

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 ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211994**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 149 OF 352
	<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. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328717**  
 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107966**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211915**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 150 OF 352  
(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. 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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328683**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 384.62

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56445**  
 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 ▼ 576.93

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139386**  
 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 151 OF 352
	<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 ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252962**

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 ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317244**

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 ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461618**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 152 OF 352
	<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. 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 ▼ 1346.17

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521471**  
 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 ▼ 1538.48

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682854**  
 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 ▼ 1730.79

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737923**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 153 OF 352
	<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 ▼  
1923.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073998**

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 ▼  
2115.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108037**

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 ▼  
2307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211932**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 154 OF 352  
(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. 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 ▼ 2500.03

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328610**  
 Amount of Each Receipt this Period 192.31  
 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107975**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211969**  
 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: PAGE 155 OF 352  
(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. 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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328692**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Huffman, David, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2915 Arcona Road  
 City Mechanicsburg    State PA    Zip Code 17055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation    Occupation (for Individual) Vice President Financial Operations  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56490**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139436**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 156 OF 352  
(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. 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252912**  
 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317306**  
 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461700**  
 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 157 OF 352
	<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. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521415**

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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682797**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737867**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 158 OF 352
<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. 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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074081**

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107980**

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
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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 Financial Operations
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211974**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 159 OF 352
	(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"/> 16
		<input type="checkbox"/> 17

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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328697**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. Jackson, Martin, F, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 116 Ellesmere Lane

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) Executive Vice President
---	---

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
04		10		2017

**Transaction ID : A2017-524340**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

**Transaction ID : A2017-56431**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 160 OF 352  
(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. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139493**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252946**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317340**  
 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 352
	<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. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461598**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521451**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682834**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 162 OF 352
	<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. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737903**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073977**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. James, Stephanie, R, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 740 Parkins Mill Rd.

City Greenville	State SC	Zip Code 29607
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108027**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 163 OF 352
	<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. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1212009**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. James, Stephanie, R, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 740 Parkins Mill Rd.  
 City Greenville State SC Zip Code 29607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.07

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328732**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 230.79

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139400**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 164 OF 352  
(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. 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 ▼ 307.72

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252976**  
 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 ▼ 384.65

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317355**  
 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 ▼ 461.58

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461635**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 165 OF 352  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. 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 ▼  
538.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521488**

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 ▼  
615.44

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682871**

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 ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737940**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

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

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(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. 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 ▼ 769.30

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074015**  
 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 ▼ 846.23

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108052**  
 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 ▼ 923.16

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211947**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 167 OF 352  
(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. 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 ▼ 1000.09

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328625**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 230.82

Date of Receipt 04 / 21 / 2017  
**Transaction ID : A2017-682822**  
 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 ▼ 269.29

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737891**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 168 OF 352  
(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. 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 ▼ 307.76

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073965**  
 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 ▼ 346.23

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108004**  
 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 ▼ 384.70

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211997**  
 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 169 OF 352  
(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. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328720**  
 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 ▼ 346.15

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 26 / 2017  
**Transaction ID : A2017-56697**  
 Amount of Each Receipt this Period  
 230.76  
 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 ▼ 461.54

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2017  
**Transaction ID : A2017-56439**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 384.62  
**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE A (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 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jones, Darrell, L, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 106 Rundle Lane

City Summerville	State SC	Zip Code 29483
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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 ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139503**

Amount of Each Receipt this Period  
115.39

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 ▼  
692.32

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252956**

Amount of Each Receipt this Period  
115.39

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 ▼  
807.71

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317238**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 171 OF 352
	<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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 923.10

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461610**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1038.49

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521463**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 1153.88

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682846**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 172 OF 352
	<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
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1269.27

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737915**

Amount of Each Receipt this Period  
115.39

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 ▼  
1384.66

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073990**

Amount of Each Receipt this Period  
115.39

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 ▼  
1500.05

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108021**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 173 OF 352
	<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. 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 ▼ 1615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211924**  
 Amount of Each Receipt this Period  
 115.39  
 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 ▼ 1730.83

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328745**  
 Amount of Each Receipt this Period  
 115.39  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107974**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 174 OF 352
	<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. 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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211968**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328691**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 13 Hopper Dr.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682840**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 175 OF 352
	(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. 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737909**  
 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 ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1073984**  
 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 ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108015**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 176 OF 352
	<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 ▼ 384.70

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211918**  
 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 ▼ 423.17

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328739**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 230.79

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139424**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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



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

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

FOR LINE NUMBER: PAGE 177 OF 352  
(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. 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 ▼ 307.72

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252900**  
 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 ▼ 384.65

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317294**  
 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 ▼ 461.58

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461688**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 178 OF 352  
(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. 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521403**  
 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 ▼ 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682782**  
 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737852**  
 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 179 OF 352
	<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. 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 ▼ 769.30

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074066**  
 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 ▼ 846.23

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1107965**  
 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 ▼ 923.16

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211914**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 180 OF 352
	<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. 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 ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328682**

Amount of Each Receipt this Period  
76.93

Memo Item

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

Mailing Address 228 Brewster

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107959**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212051**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 181 OF 352  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

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 ▼  
250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328676**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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 ▼  
230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2017  
**Transaction ID : A2017-56436**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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 ▼  
346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139499**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 182 OF 352
	(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. 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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252952**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317234**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461606**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 183 OF 352
	(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. 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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521459**

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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682842**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737911**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 184 OF 352
	<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. 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073986**  
 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 ▼ 1269.29

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108017**  
 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 ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211920**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 185 OF 352
	<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. 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328741**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 230.79

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139406**  
 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 ▼ 307.72

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252982**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 186 OF 352  
(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. 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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317362**  
 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 ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461675**  
 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521496**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 187 OF 352  
(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. 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 ▼ 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682879**  
 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737948**  
 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074022**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 188 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108059**  
 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 ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211954**  
 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 ▼ 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328632**  
 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 189 OF 352
	<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. 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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107932**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212024**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328649**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 190 OF 352
	<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. 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 ▼ 230.78

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : A2017-56465**  
 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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139410**  
 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252986**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 191 OF 352  
(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. 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317366**  
 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461679**  
 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 ▼ 807.73

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521500**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 192 OF 352  
(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. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682884**  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737953**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074107**  
 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 193 OF 352
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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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108064**  
 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 ▼ 1384.68

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211959**  
 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328637**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 194 OF 352
	<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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56421**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139458**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252873**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 195 OF 352  
(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. 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317272**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461666**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 807.73

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521375**  
 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 196 OF 352
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	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682754**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737824**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074038**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 197 OF 352  
(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. 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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107937**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1384.68

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212029**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328654**  
 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 198 OF 352
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lacey, Mary, B, ,</b>		Date of Receipt MM / DD / YYYY 01 / 27 / 2017 <b>Transaction ID : A2017-56387</b>
Mailing Address 44 Sunfire Avenue		Amount of Each Receipt this Period 115.39
City Camp Hill	State PA	Zip Code 17011
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 ▼ 230.78	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lacey, Mary, B, ,</b>		Date of Receipt MM / DD / YYYY 02 / 10 / 2017 <b>Transaction ID : A2017-139428</b>
Mailing Address 44 Sunfire Avenue		Amount of Each Receipt this Period 115.39
City Camp Hill	State PA	Zip Code 17011
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 ▼ 346.17	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lacey, Mary, B, ,</b>		Date of Receipt MM / DD / YYYY 02 / 24 / 2017 <b>Transaction ID : A2017-252904</b>
Mailing Address 44 Sunfire Avenue		Amount of Each Receipt this Period 115.39
City Camp Hill	State PA	Zip Code 17011
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 ▼ 461.56	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 199 OF 352
	<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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317298**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461692**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521407**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 200 OF 352
	<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. 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
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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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682787**

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
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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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737857**

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
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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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074071**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 201 OF 352
	<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. 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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107970**

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
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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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211964**

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
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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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328687**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 202 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼  
230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2017  
**Transaction ID : A2017-56484**

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 ▼  
346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139420**

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 ▼  
461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252895**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 203 OF 352
	<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. 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 ▼  
576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317289**

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
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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 ▼  
692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461683**

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
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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 ▼  
807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521398**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 204 OF 352
	<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. 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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682777**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737847**

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074061**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 205 OF 352
	<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. 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
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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 ▼  
1269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107960**

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 ▼  
1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212052**

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 ▼  
1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328677**

Amount of Each Receipt this Period  
 115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 206 OF 352
	<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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lindley, Lauren, B, Ms.,</b>			Date of Receipt
Mailing Address 36 Indian Bayou Drive			<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2017"/>
City Destin	State FL	Zip Code 32541	<b>Transaction ID : A2017-438031</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.47"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations	<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="230.82"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Lindley, Lauren, B, Ms.,</b>			Date of Receipt
Mailing Address 36 Indian Bayou Drive			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2017"/>
City Destin	State FL	Zip Code 32541	<b>Transaction ID : A2017-510011</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.47"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations	<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="269.29"/>		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Lindley, Lauren, B, Ms.,</b>			Date of Receipt
Mailing Address 36 Indian Bayou Drive			<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2017"/>
City Destin	State FL	Zip Code 32541	<b>Transaction ID : A2017-666204</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="38.47"/>
Name of Employer (for Individual) Select Medical Corporation		Occupation (for Individual) Vice President of Operations	<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="307.76"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="115.41"/>
<b>TOTAL</b> 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 207 OF 352
	<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Lindley, Lauren, B, Ms.,**

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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	28	/	2017

**Transaction ID : A2017-737957**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	12	/	2017

**Transaction ID : A2017-989696**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2017

**Transaction ID : A2017-1128605**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 208 OF 352
	<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 ▼ 461.64

Date of Receipt 06 / 09 / 2017  
**Transaction ID : A2017-1146329**  
 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 ▼ 500.11

Date of Receipt 06 / 23 / 2017  
**Transaction ID : A2017-1321461**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Lutes, Adriane, L, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 River Chase Way  
 City Ormond Beach State FL Zip Code 32174  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107925**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 209 OF 352
	<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. 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212017**  
 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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328642**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56471**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 210 OF 352
	<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
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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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

**Transaction ID : A2017-139467**

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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252882**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317281**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 211 OF 352
	<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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461642**

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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521385**

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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682764**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 212 OF 352
	<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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737834**

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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074048**

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107947**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 213 OF 352
	<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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212039**

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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328664**

Amount of Each Receipt this Period  
115.39

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107978**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 214 OF 352
	(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. 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 ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211972**  
 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 ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328695**  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107940**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 215 OF 352
	<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. 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
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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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212032**

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
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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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328657**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 4511 Gulfwinds Drive

City Lutz	State FL	Zip Code 33558
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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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108005**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 216 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. Martoccio, Debora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211998**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Martoccio, Debora, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4511 Gulfwinds Drive  
 City Lutz State FL Zip Code 33558  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328721**  
 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56426**  
 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 217 OF 352
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	<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. 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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139488**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252941**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 576.95

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317335**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 218 OF 352
	<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. 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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461592**

Amount of Each Receipt this Period  

115.39
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 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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521445**

Amount of Each Receipt this Period  

115.39
--------

 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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682828**

Amount of Each Receipt this Period  

115.39
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 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 219 OF 352
	(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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737897**

Amount of Each Receipt this Period  
115.39

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073971**

Amount of Each Receipt this Period  
115.39

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108010**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 220 OF 352
	<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. 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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212003**

Amount of Each Receipt this Period  
115.39

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328726**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 South Albert Pike

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56491**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 221 OF 352  
(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. 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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139438**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252914**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 South Albert Pike  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 576.95

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317308**  
 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 222 OF 352
	<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. 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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461564**

Amount of Each Receipt this Period  
115.39

Memo Item

**B. 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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521417**

Amount of Each Receipt this Period  
115.39

Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1120 South Albert Pike

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682799**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 223 OF 352  
(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. 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 ▼ 1038.51

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737869**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1153.90

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074083**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**C. McLain, Cynthia, G, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 South Albert Pike  
 City Fort Smith State AR Zip Code 72903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107982**  
 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 224 OF 352
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<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. 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 ▼ 1384.68

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211976**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

**B. 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328699**  
 Amount of Each Receipt this Period 115.39  
 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 ▼ 211.64

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328698**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 225 OF 352
	(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. 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 ▼ 230.82

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682870**  
 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 ▼ 269.29

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737939**  
 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 ▼ 307.76

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074014**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 226 OF 352  
(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. 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 ▼ 346.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108051**  
 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 ▼ 384.70

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211946**  
 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 ▼ 423.17

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328624**  
 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 227 OF 352 (check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. 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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56470**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139466**

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
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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 of Operations
---	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252881**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 228 OF 352
	<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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317280**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461641**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521384**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 229 OF 352
	<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
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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 of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682763**

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
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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 of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737833**

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
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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 of Operations
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074047**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 230 OF 352
	<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. 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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107946**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212038**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328663**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 231 OF 352
	<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. 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 ▼ 230.82

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682827**  
 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 ▼ 269.29

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737896**  
 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 ▼ 307.76

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073970**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 232 OF 352
	<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. 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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108009**

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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212002**

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328725**

Amount of Each Receipt this Period  
38.47

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 233 OF 352
	<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. Merryman, Angela, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1422 Walnut Street  
 City Espyville State PA Zip Code 16424  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328681**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.82

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108022**  
 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 ▼ 269.29

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211925**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 234 OF 352
	<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. 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 ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328746**

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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56391**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139442**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 235 OF 352
	<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. 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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252919**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317313**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461569**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 236 OF 352
	<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. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521422**

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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682804**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737874**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 237 OF 352
	<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. 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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074088**

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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107987**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211981**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 238 OF 352
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mullin, Thomas, P, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 215 St James Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328704**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 303 Highpointe Ridge

City Prattville	State AL	Zip Code 36066
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107993**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211987**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 239 OF 352
	<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. 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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328710**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56403**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139480**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 240 OF 352
	<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. 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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252932**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317326**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461582**

Amount of Each Receipt this Period  
115.39

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 241 OF 352
	<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. 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521435**  
 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 ▼ 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682818**  
 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 ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737887**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 242 OF 352  
(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. 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 ▼ 1153.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074101**  
 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 ▼ 1269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108000**  
 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 ▼ 1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211993**  
 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 243 OF 352
	<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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328716**

Amount of Each Receipt this Period  
115.39

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1108011**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212004**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 244 OF 352
	<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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328727**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Ortenzio, Robert, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1716 Olmsted Way East  
 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) Executive Chairman  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 03 / 21 / 2017  
**Transaction ID : A2017-448403**  
 Amount of Each Receipt this Period 5000.00  
 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 ▼ 384.62

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56409**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5211.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 245 OF 352
	<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. 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 ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139446**

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 ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252988**

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 ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317259**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 246 OF 352
	(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

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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 ▼ 1153.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461653**  
 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 ▼ 1346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521362**  
 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 ▼ 1538.48

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682741**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.93
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 247 OF 352
	<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 ▼ 1730.79

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737811**  
 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 ▼ 1923.10

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074025**  
 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 ▼ 2115.41

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107924**  
 Amount of Each Receipt this Period 192.31  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 248 OF 352
	<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. 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 ▼ 2307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212016**  
 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 ▼ 2500.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328641**  
 Amount of Each Receipt this Period  
 192.31  
 Memo Item

**C. Pegler, William, L, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21723 E Rowland Cir  
 City Aurora State CO Zip Code 80016-3608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 27 / 2017  
**Transaction ID : A2017-56456**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.01
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 249 OF 352
	<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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

**Transaction ID : A2017-139398**

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 ▼  
461.56

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252974**

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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317353**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 250 OF 352  
(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. 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 ▼ 692.34

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461633**  
 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 ▼ 807.73

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521486**  
 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682869**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 251 OF 352  
(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. 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 ▼ 1038.51

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737938**  
 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 ▼ 1153.90

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074013**  
 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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108050**  
 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 252 OF 352
	<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. 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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211945**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328623**

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 ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682881**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 253 OF 352  
(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. 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 ▼ 269.29

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737950**  
 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 ▼ 307.76

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074104**  
 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 ▼ 346.23

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108061**  
 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 254 OF 352  
(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. 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 ▼ 384.70

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211956**  
 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 ▼ 423.17

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328634**  
 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  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461616**  
 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 255 OF 352
	<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 ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521469**

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 ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682852**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737921**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 256 OF 352
	(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. 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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073996**

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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108035**

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211930**

Amount of Each Receipt this Period  
38.47

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 257 OF 352
	<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 ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328608**

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107958**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212050**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 258 OF 352
	<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. 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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328675**

Amount of Each Receipt this Period  
19.24

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108040**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211935**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 259 OF 352
	<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. 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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328613**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 6308 Pinehill Dr.

City Meridian	State MS	Zip Code 39305
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108026**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212008**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 260 OF 352
	<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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328731**  
 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108008**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1212001**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 261 OF 352
	<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 ▼ 250.12

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328724**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.82

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461573**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. 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 ▼ 269.29

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521426**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 262 OF 352
	<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. 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682809**  
 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737879**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074093**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 263 OF 352  
(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. 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 ▼ 423.17

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107992**  
 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 ▼ 461.64

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211986**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. 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 ▼ 500.11

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328709**  
 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 264 OF 352
	<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. 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
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.82

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461613**

Amount of Each Receipt this Period  

38.47
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 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 ▼  
269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521466**

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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682849**

Amount of Each Receipt this Period  

38.47
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 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 265 OF 352
	<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. 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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737918**

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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1073993**

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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108032**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 266 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 461.64

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211927**  
 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 ▼ 500.11

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328748**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. Rogitz, Kristin, A, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4851 E Augusta Avenue  
 City Chandler State AZ Zip Code 85249  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107926**  
 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 267 OF 352
	<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. 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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212018**

Amount of Each Receipt this Period  
19.24

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328643**

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108031**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 268 OF 352
	<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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212013**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328736**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 2027 Sun Flower Ct.

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		26		2017

**Transaction ID : A2017-1128610**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 269 OF 352  
(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. Rubel, Jason, , Doctor,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2027 Sun Flower Ct.  
 City Chesterfield State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt 06 / 09 / 2017  
**Transaction ID : A2017-1146334**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Rubel, Jason, , Doctor,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2027 Sun Flower Ct.  
 City Chesterfield State MO Zip Code 63017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 23 / 2017  
**Transaction ID : A2017-1321466**  
 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 Sconssett 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 ▼ 384.62

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56475**  
 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 270 OF 352
	<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 ▼  
576.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2017

**Transaction ID : A2017-139471**

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 ▼  
769.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252886**

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 ▼  
961.55

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317343**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 271 OF 352
	<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 ▼  
1153.86

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461646**

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 ▼  
1346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521389**

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 ▼  
1538.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682768**

Amount of Each Receipt this Period  
192.31

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 272 OF 352
	<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 ▼  
1730.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737838**

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 ▼  
1923.10

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074052**

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 ▼  
2115.41

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107951**

Amount of Each Receipt this Period  
192.31

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 273 OF 352
	<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 ▼  
2307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212043**

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 ▼  
2500.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328668**

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 ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139390**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	461.55
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 274 OF 352
	<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 ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02		24		2017

**Transaction ID : A2017-252966**

Amount of Each Receipt this Period  
76.93

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 ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		10		2017

**Transaction ID : A2017-317248**

Amount of Each Receipt this Period  
76.93

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 ▼  
461.58

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03		24		2017

**Transaction ID : A2017-461622**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 275 OF 352  
(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. 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521475**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682858**  
 Amount of Each Receipt this Period 76.93  
 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737927**  
 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 276 OF 352
	<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 ▼  
769.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074002**

Amount of Each Receipt this Period  
76.93

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 ▼  
846.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108041**

Amount of Each Receipt this Period  
76.93

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 ▼  
923.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211936**

Amount of Each Receipt this Period  
76.93

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 277 OF 352
	<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 ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328614**

Amount of Each Receipt this Period  
76.93

Memo Item

**B. Sahar, Etay, Y, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Hunt Valley Trl

City Henderson	State NV	Zip Code 89052
-------------------	-------------	-------------------

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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108057**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Sahar, Etay, Y, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 34 Hunt Valley Trl

City Henderson	State NV	Zip Code 89052
-------------------	-------------	-------------------

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211952**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 278 OF 352
	<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. Sahar, Etay, Y, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 34 Hunt Valley Trl  
 City Henderson State NV Zip Code 89052  
 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 ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328630**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.82

Date of Receipt 03 / 17 / 2017  
**Transaction ID : A2017-438029**  
 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 ▼ 269.29

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521382**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 279 OF 352
	<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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682761**  
 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737831**  
 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074045**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 280 OF 352
	<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 ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107944**

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 ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212036**

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 ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328661**

Amount of Each Receipt this Period  
38.47

Memo Item

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



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

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

FOR LINE NUMBER: PAGE 281 OF 352  
(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. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56493**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139441**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252918**  
 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 282 OF 352
	<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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317312**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461568**

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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521421**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 283 OF 352
	<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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	21	/	2017

**Transaction ID : A2017-682803**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737873**

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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074087**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

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

FOR LINE NUMBER: PAGE 284 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107986**  
 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 ▼ 1384.68

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211980**  
 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 ▼ 1500.07

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328703**  
 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 285 OF 352
	<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. 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 ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139444**  
 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 ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252921**  
 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 ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317315**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 286 OF 352
	<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. 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 ▼ 461.58

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461571**  
 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 ▼ 538.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521424**  
 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 ▼ 615.44

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682806**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 287 OF 352
	<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. 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 ▼ 692.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737876**  
 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 ▼ 769.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 19 / 2017  
**Transaction ID : A2017-1074090**  
 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 ▼ 846.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107989**  
 Amount of Each Receipt this Period  
 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 288 OF 352
	<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. 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 ▼ 923.16

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211983**  
 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 ▼ 1000.09

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328706**  
 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461585**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 289 OF 352
	<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. 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521438**  
 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 ▼ 307.76

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682821**  
 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 ▼ 346.23

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737890**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 290 OF 352
	<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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073964**  
 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 ▼ 423.17

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108003**  
 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 ▼ 461.64

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211996**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 291 OF 352
	<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. 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 ▼ 500.11

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328719**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 230.78

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : A2017-56423**  
 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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139460**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 292 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252875**  
 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 ▼ 576.95

Date of Receipt 03 / 10 / 2017  
**Transaction ID : A2017-317274**  
 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 ▼ 692.34

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461668**  
 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 293 OF 352
	<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, 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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		07		2017

**Transaction ID : A2017-521377**

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 ▼  
923.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682756**

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 ▼  
1038.51

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737826**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 294 OF 352
	<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, 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 ▼  
1153.90

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074040**

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
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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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107939**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212031**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 295 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Skinner, Gloria, J, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1685 North 700 West

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328656**

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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	27	/	2017

**Transaction ID : A2017-56437**

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 ▼  
346.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139500**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 296 OF 352
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Skinner, 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252953**  
 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 ▼ 576.95

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317235**  
 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 ▼ 692.34

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461607**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 297 OF 352
	<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. 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521460**  
 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 ▼ 923.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 21 / 2017  
**Transaction ID : A2017-682843**  
 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 ▼ 1038.51

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 05 / 2017  
**Transaction ID : A2017-737912**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 298 OF 352
	<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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1073987**  
 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 ▼ 1269.29

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108018**  
 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 ▼ 1384.68

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211921**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 299 OF 352
	<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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328742**

Amount of Each Receipt this Period  
115.39

Memo Item

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

Mailing Address 6537 Caldecott Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107943**

Amount of Each Receipt this Period  
19.24

Memo Item

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

Mailing Address 6537 Caldecott Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212035**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 300 OF 352
	<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. Slane, Jeanne, M, Mrs.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6537 Caldecott Drive  
 City Naples State FL Zip Code 34113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328660**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.82

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461649**  
 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 ▼ 269.29

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521392**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 301 OF 352
	<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 ▼  
307.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04		21		2017

**Transaction ID : A2017-682771**

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 ▼  
346.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2017

**Transaction ID : A2017-737841**

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 ▼  
384.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074055**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Slobozien, Mary, G, Ms.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 430 Brookwood Drive

City Palmyra	State PA	Zip Code 17078
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
423.17

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107954**

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 ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212046**

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 ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328671**

Amount of Each Receipt this Period  
38.47

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 303 OF 352
	<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. 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 ▼ 230.82

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108024**  
 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 ▼ 269.29

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1212006**  
 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 ▼ 307.76

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328729**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 304 OF 352  
(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. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139477**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 307.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252928**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 384.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317322**  
 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 305 OF 352
	<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. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 461.58

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461578**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**B. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 538.51

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521431**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

**C. St. Leger, John, J, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 634 Blue Ridge Road  
 City Pittsburgh State PA Zip Code 15239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator (Ex)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682814**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 306 OF 352
	<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. 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 ▼ 230.78

Date of Receipt **01 / 27 / 2017**  
**Transaction ID : A2017-56477**  
 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 ▼ 346.17

Date of Receipt **02 / 10 / 2017**  
**Transaction ID : A2017-139413**  
 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 ▼ 461.56

Date of Receipt **02 / 24 / 2017**  
**Transaction ID : A2017-252888**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 307 OF 352
	<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. 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317345**  
 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 ▼ 692.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461648**  
 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 ▼ 807.73

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521391**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 308 OF 352
	<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. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682770**  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737840**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074054**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

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

FOR LINE NUMBER: PAGE 309 OF 352  
(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. 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 ▼ 1269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107953**  
 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 ▼ 1384.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212045**  
 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 ▼ 1500.07

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328670**  
 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 310 OF 352
	<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. 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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107957**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212049**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328674**

Amount of Each Receipt this Period  
19.24

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 311 OF 352
	<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. Strickland, Connie, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 E Oak PI  
 City Edmond State OK Zip Code 73025-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1107930**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Strickland, Connie, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 E Oak PI  
 City Edmond State OK Zip Code 73025-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1212022**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**C. Strickland, Connie, L, Ms.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 516 E Oak PI  
 City Edmond State OK Zip Code 73025-2710  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328647**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 312 OF 352
	<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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107990**

Amount of Each Receipt this Period  
19.24

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211984**

Amount of Each Receipt this Period  
19.24

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328707**

Amount of Each Receipt this Period  
19.24

Memo Item

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 313 OF 352
	<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. 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 ▼ 211.64

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108043**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

**B. Tenhengel-deVille, Michelle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 867 Balsam Loop Rd  
 City Sylva State NC Zip Code 28779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211938**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 250.12

Date of Receipt **06 / 30 / 2017**  
**Transaction ID : A2017-1328616**  
 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 314 OF 352  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

**A. 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 ▼ 230.82

Date of Receipt 03 / 24 / 2017  
**Transaction ID : A2017-461637**  
 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 ▼ 269.29

Date of Receipt 04 / 07 / 2017  
**Transaction ID : A2017-521379**  
 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 ▼ 307.76

Date of Receipt 04 / 21 / 2017  
**Transaction ID : A2017-682758**  
 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 315 OF 352
	<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. 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 ▼ 346.23

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737828**  
 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 ▼ 384.70

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074042**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

**C. 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 ▼ 423.17

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107941**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 316 OF 352
	(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. 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 ▼  
461.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212033**

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 ▼  
500.11

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328658**

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 ▼  
230.78

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2017

**Transaction ID : A2017-56458**

Amount of Each Receipt this Period  
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 317 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Tuer, Patrick, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Joshua Rd  
 City Mechanicsburg State PA Zip Code 17050-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 10 / 2017  
**Transaction ID : A2017-139401**  
 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 ▼ 461.56

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 24 / 2017  
**Transaction ID : A2017-252977**  
 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 ▼ 576.95

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 10 / 2017  
**Transaction ID : A2017-317356**  
 Amount of Each Receipt this Period  
 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 318 OF 352
	<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. 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 ▼ 692.34

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461636**  
 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 ▼ 807.73

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521489**  
 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682872**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 319 OF 352
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Tuer, Patrick, W, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5230 Joshua Rd  
 City Mechanicsburg State PA Zip Code 17050-7221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1038.51

Date of Receipt 05 / 05 / 2017  
**Transaction ID : A2017-737941**  
 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 ▼ 1153.90

Date of Receipt 05 / 19 / 2017  
**Transaction ID : A2017-1074016**  
 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 ▼ 1269.29

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1108053**  
 Amount of Each Receipt this Period 115.39  
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 320 OF 352
	<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. 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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211948**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328626**

Amount of Each Receipt this Period  
115.39

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
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2017

**Transaction ID : A2017-1074037**

Amount of Each Receipt this Period  
38.48

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.26
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 321 OF 352
	<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
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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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107936**

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 ▼  
269.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1212028**

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 ▼  
288.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328653**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 322 OF 352
	<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. Umbenhauer, Kristy, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Suedberg Rd  
 Suite 1050  
 City Pine Grove State PA Zip Code 17963-8839  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.82

Date of Receipt 06 / 30 / 2017  
**Transaction ID : A2017-1328640**  
 Amount of Each Receipt this Period 38.47  
 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 ▼ 211.64

Date of Receipt 06 / 02 / 2017  
**Transaction ID : A2017-1107973**  
 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 ▼ 230.88

Date of Receipt 06 / 16 / 2017  
**Transaction ID : A2017-1211967**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.95
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 323 OF 352
	<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 ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328690**  
 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 ▼ 230.82

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 24 / 2017  
**Transaction ID : A2017-461672**  
 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 ▼ 269.29

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2017  
**Transaction ID : A2017-521493**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	96.18
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 324 OF 352
	<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. 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 ▼ 307.76

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682876**  
 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 ▼ 346.23

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737945**  
 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 ▼ 384.70

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074019**  
 Amount of Each Receipt this Period 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	115.41
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 325 OF 352
	<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. 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 ▼ 423.17

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108056**  
 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 ▼ 461.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211951**  
 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 ▼ 500.11

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328629**  
 Amount of Each Receipt this Period  
 38.47  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.41
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 326 OF 352
	<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. Ward, Robert, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1535 Pimpernel

City San Antonio	State TX	Zip Code 78260
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108042**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. Ward, Robert, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1535 Pimpernel

City San Antonio	State TX	Zip Code 78260
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211937**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. Ward, Robert, S, Mr.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1535 Pimpernel

City San Antonio	State TX	Zip Code 78260
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328615**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 327 OF 352
	<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 ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1107967**

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 ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211916**

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 ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328684**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 328 OF 352
	(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. 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 ▼  
230.79

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	10	/	2017

**Transaction ID : A2017-139443**

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 ▼  
307.72

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2017

**Transaction ID : A2017-252920**

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 ▼  
384.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317314**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.79
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 329 OF 352
	<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. 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 ▼ 461.58

Date of Receipt **03 / 24 / 2017**  
**Transaction ID : A2017-461570**  
 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 ▼ 538.51

Date of Receipt **04 / 07 / 2017**  
**Transaction ID : A2017-521423**  
 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 ▼ 615.44

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682805**  
 Amount of Each Receipt this Period 76.93  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 330 OF 352
	<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. 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 ▼  
692.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2017

**Transaction ID : A2017-737875**

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 ▼  
769.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	19	/	2017

**Transaction ID : A2017-1074089**

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 ▼  
846.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107988**

Amount of Each Receipt this Period  
76.93

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	230.79
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 331 OF 352
	<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. 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 ▼  
923.16

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1211982**

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 ▼  
1000.09

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328705**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2017

**Transaction ID : A2017-464475**

Amount of Each Receipt this Period  
500.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	653.86
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 332 OF 352
	<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. White, Andrea, F, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
211.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2017

**Transaction ID : A2017-1108033**

Amount of Each Receipt this Period  
19.24

Memo Item

**B. White, Andrea, F, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
230.88

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2017

**Transaction ID : A2017-1211928**

Amount of Each Receipt this Period  
19.24

Memo Item

**C. White, Andrea, F, Mrs.,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1817 Jacobs Lane

City Vestavia Hills	State AL	Zip Code 35216
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2017

**Transaction ID : A2017-1328606**

Amount of Each Receipt this Period  
19.24

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.72
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 333 OF 352  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. 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 ▼ 230.78

Date of Receipt 01 / 27 / 2017  
**Transaction ID : A2017-56412**  
 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 ▼ 346.17

Date of Receipt 02 / 10 / 2017  
**Transaction ID : A2017-139449**  
 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 ▼ 461.56

Date of Receipt 02 / 24 / 2017  
**Transaction ID : A2017-252991**  
 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 334 OF 352
	<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 ▼  
576.95

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	10	/	2017

**Transaction ID : A2017-317262**

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 ▼  
692.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2017

**Transaction ID : A2017-461656**

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 ▼  
807.73

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2017

**Transaction ID : A2017-521365**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 335 OF 352  
(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. 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 ▼ 923.12

Date of Receipt **04 / 21 / 2017**  
**Transaction ID : A2017-682744**  
 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 ▼ 1038.51

Date of Receipt **05 / 05 / 2017**  
**Transaction ID : A2017-737814**  
 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 ▼ 1153.90

Date of Receipt **05 / 19 / 2017**  
**Transaction ID : A2017-1074028**  
 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 336 OF 352
	<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 ▼  
1269.29

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	02	/	2017

**Transaction ID : A2017-1107927**

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 ▼  
1384.68

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2017

**Transaction ID : A2017-1212019**

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 ▼  
1500.07

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2017

**Transaction ID : A2017-1328644**

Amount of Each Receipt this Period  
115.39

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	346.17
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 337 OF 352
	<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. Winekauf, Glen, , ,**  
 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 ▼ 230.82

Date of Receipt **03 / 10 / 2017**  
**Transaction ID : A2017-317367**  
 Amount of Each Receipt this Period 76.94  
 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 ▼ 211.64

Date of Receipt **06 / 02 / 2017**  
**Transaction ID : A2017-1108062**  
 Amount of Each Receipt this Period 19.24  
 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 ▼ 230.88

Date of Receipt **06 / 16 / 2017**  
**Transaction ID : A2017-1211957**  
 Amount of Each Receipt this Period 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	115.42
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 338 OF 352
	<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. 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 ▼ 250.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2017  
**Transaction ID : A2017-1328635**  
 Amount of Each Receipt this Period  
 19.24  
 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 ▼ 211.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2017  
**Transaction ID : A2017-1108044**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

**C. Yap, Eric, A, Mr.,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6082 Castlebury Boulevard  
 City Hilliard State OH Zip Code 43026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Select Medical Corporation Occupation (for Individual) Administrator  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 230.88

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 16 / 2017  
**Transaction ID : A2017-1211939**  
 Amount of Each Receipt this Period  
 19.24  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.72
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 339 OF 352  
(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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Yap, Eric, A, Mr.,

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 ▼  
250.12

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2017

**Transaction ID : A2017-1328617**

Amount of Each Receipt this Period  
19.24

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City      State      Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)      Occupation (for Individual)

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	19.24
<b>TOTAL</b> This Period (last page this line number only).....▶	104602.73

**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. Making America Prosperous PAC**

Mailing Address PO Box 2485

City  
Springfield

State  
VA

Zip Code  
22152

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼

Not Applicable

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	7

FEC Identification Number

C C00445379

**Transaction ID : B637555**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Pascrell for Congress**

Mailing Address PO Box 100

City  
Teaneck

State  
NJ

Zip Code  
07666

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Pascrell, William, J, , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	8

FEC Identification Number

C C00313510

**Transaction ID : B637557**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Pascrell for Congress**

Mailing Address PO Box 100

City  
Teaneck

State  
NJ

Zip Code  
07666

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Pascrell, William, J, , Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NJ District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	4		2	0	1	8

FEC Identification Number

C C00313510

**Transaction ID : B637558**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15000.00

**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. Vote to Elect Republicans Now PAC**

Mailing Address 22780 Indidan Creek Drive  
Ste 100

City Dulles State VA Zip Code 20166

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼  
Not Applicable

State: District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00431403

**Transaction ID : B637556**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. Bill Nelson for U S Senate**

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Nelson, Bill, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: FL District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00344051

**Transaction ID : B639951**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C. Bill Nelson for U S Senate**

Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**Nelson, Bill, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District:

Date of Disbursement

/  /

FEC Identification Number

**C** C00344051

**Transaction ID : B639952**

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**

**A. Moving America Forward**

Full Name (Last, First, Middle Initial)

Mailing Address 972 W. Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement  
MM / DD / YYYY  
02 / 06 / 2017

FEC Identification Number  
C00375451  
**Transaction ID : B640910**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**B. Menendez for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Menendez, Robert, , ,**

Office Sought:  House  Senate  President  
State: NJ District:

Disbursement For: 2018  
 Primary  General  
 Other (specify)

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2017

FEC Identification Number  
C00264564  
**Transaction ID : B641488**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**C. Menendez for Senate**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102

Purpose of Disbursement Contribution

011  
Category/Type

Candidate Name  
**Menendez, Robert, , ,**

Office Sought:  House  Senate  President  
State: NJ District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
MM / DD / YYYY  
02 / 16 / 2017

FEC Identification Number  
C00264564  
**Transaction ID : B641489**  
Amount of Each Disbursement this Period  
5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. New Millennium PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 700 Thirteenth Street NW  
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement: 02 / 16 / 2017

FEC Identification Number: C00349233  
**Transaction ID : B641490**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Faso for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 448

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement Contribution

Candidate Name Faso, John, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: NY District: 19

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C00580415  
**Transaction ID : B642373**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Faso for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 448

City Kinderhook State NY Zip Code 12106

Purpose of Disbursement Contribution

Candidate Name Faso, John, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: NY District: 19

Date of Disbursement: 02 / 28 / 2017

FEC Identification Number: C00580415  
**Transaction ID : B642374**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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) <b>A. Citizens for Prosperity in America Today PAC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 228 S Washington St Ste 115		FEC Identification Number C C00491654 <b>Transaction ID : B642497</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
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: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. DCCC</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 430 S. Capitol St. SE 2nd Floor		FEC Identification Number C C00000935 <b>Transaction ID : B642558</b> 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: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Not Applicable	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Pat Toomey</b>		Date of Disbursement MM / DD / YYYY 03 / 02 / 2017
Mailing Address 228 S. Washington St. Ste 115		FEC Identification Number C C00461046 <b>Transaction ID : B642561</b> Amount of Each Disbursement this Period 5000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution		011 Category/ Type
Candidate Name <b>Toomey, Pat, , ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2022 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: PA District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	15000.00
<b>TOTAL</b> 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**

**A. Friends of Pat Toomey**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. Washington St.  
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement Contribution  
Candidate Name **Toomey, Pat, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2022  Primary  General  Other (specify) ▼  
State: PA District:

Date of Disbursement: 03 / 02 / 2017

FEC Identification Number: C00461046  
Transaction ID : B642562  
Amount of Each Disbursement this Period: 5000.00  
 Memo Item

**B. Team Ryan**

Full Name (Last, First, Middle Initial)  
Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2017  Primary  General  Other (specify) Not Applicable  
State: District:

Date of Disbursement: 03 / 08 / 2017

FEC Identification Number: C00545947  
Transaction ID : B644232  
Amount of Each Disbursement this Period: 75000.00  
 Memo Item

**C. Great Lakes PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address 700 13th Street NW  
Ste 600

City Washington State DC Zip Code 20005

Purpose of Disbursement Contribution  
Candidate Name  
Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement: 03 / 31 / 2017

FEC Identification Number: C00375584  
Transaction ID : B617005  
Amount of Each Disbursement this Period: - 5000.00  
Voided: Original check dated 06/15/16  
 Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	75000.00
<b>TOTAL</b> 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) <b>A. Stabenow for US Senate</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2017
Mailing Address PO Box 4945		FEC Identification Number C00344473 <b>Transaction ID : B617004</b>
City East Lansing	State MI	Zip Code 48826
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period - 5000.00
Candidate Name <b>Stabenow, Debbie, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MI	District:	<input type="checkbox"/> Memo Item 06/15/16

Full Name (Last, First, Middle Initial) <b>B. Ben Cardin for Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 21093		FEC Identification Number C00411587 <b>Transaction ID : B646464</b>
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Cardin, Benjamin, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: MD	District:	<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C. Ben Cardin for Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 25 / 2017
Mailing Address PO Box 21093		FEC Identification Number C00411587 <b>Transaction ID : B646465</b>
City Catonsville	State MD	Zip Code 21228
Purpose of Disbursement Contribution	Category/ Type 011	Amount of Each Disbursement this Period 5000.00
Candidate Name <b>Cardin, Benjamin, , ,</b>	Office Sought: <input checked="" type="checkbox"/> House <input checked="" 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: MD	District:	<input type="checkbox"/> Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5000.00

**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. Martin Heinrich for Senate**

Mailing Address PO Box 25763

City  
Albuquerque

State  
NM

Zip Code  
87125

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Heinrich, Martin, T, ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NM District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	7

FEC Identification Number

C C00434563

**Transaction ID : B646503**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Committee To Re-elect Linda Sanchez**

Mailing Address 410 1st St SE  
Ste 310

City  
Washington

State  
DC

Zip Code  
20003

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Sanchez, Linda, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: CA District: 38

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	7		2	0	1	7

FEC Identification Number

C C00384057

**Transaction ID : B646673**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Judy Chu for Congress**

Mailing Address 16633 Ventura Blvd  
#1008

City  
Encino

State  
CA

Zip Code  
91436

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**Chu, Judy, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: CA District: 27

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	9		2	0	1	7

FEC Identification Number

C C00458125

**Transaction ID : B647122**

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

8500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Judy Chu for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 16633 Ventura Blvd #1008

City Encino State CA Zip Code 91436

Purpose of Disbursement Contribution

Candidate Name **Chu, Judy, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: CA District: 27

Date of Disbursement: 05 / 09 / 2017

FEC Identification Number: **C00458125**  
**Transaction ID : B647123**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B. Jeff Flake for US Senate Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement Contribution

Candidate Name **Flake, Jeff, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District:

Date of Disbursement: 05 / 16 / 2017

FEC Identification Number: **C00347260**  
**Transaction ID : B647689**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Jeff Flake for US Senate Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 12512

City Tempe State AZ Zip Code 85284

Purpose of Disbursement Contribution

Candidate Name **Flake, Jeff, , ,**

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: AZ District:

Date of Disbursement: 05 / 16 / 2017

FEC Identification Number: **C00347260**  
**Transaction ID : B647693**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

15000.00

**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. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name McCarthy, Kevin, , ,

Office Sought:  House  Senate  President  
State: CA District: 23

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2017

FEC Identification Number

C000420935

Transaction ID : B647691

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kevin McCarthy for Congress**

Mailing Address PO Box 12667

City Bakersfield State CA Zip Code 93389

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name McCarthy, Kevin, , ,

Office Sought:  House  Senate  President  
State: CA District: 23

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2017

FEC Identification Number

C000420935

Transaction ID : B647692

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Republican Federal Committee of Pennsylvania**

Mailing Address 112 State Street

City Harrisburg State PA Zip Code 17101

Purpose of Disbursement Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2017  
 Primary  General  
 Other (specify) ▼ Not Applicable

Date of Disbursement

MM / DD / YYYY  
05 / 16 / 2017

FEC Identification Number

C00044842

Transaction ID : B647688

Amount of Each Disbursement this Period

5000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Rosen for Nevada**

Mailing Address 1000 N. Green Valley Pkwy  
#440-177

City Henderson State NV Zip Code 89074

Purpose of Disbursement Contribution

011

Candidate Name  
**Rosen, Jacky, , ,**

Office Sought:  House  Senate  President  
State: NV District: 03

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 23 / 2017

FEC Identification Number

C C00606939

**Transaction ID : B648188**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Tiberi for Congress**

Mailing Address 2931 E. Dublin Granville Rd.  
#190

City Columbus State OH Zip Code 43231

Purpose of Disbursement Contribution

011

Candidate Name  
**Tiberi, Pat, , ,**

Office Sought:  House  Senate  President  
State: OH District: 12

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
05 / 30 / 2017

FEC Identification Number

C C00347492

**Transaction ID : B648621**

Amount of Each Disbursement this Period

2700.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. People for Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement Contribution

011

Candidate Name  
**Lujan, Ben, R, ,**

Office Sought:  House  Senate  President  
State: NM District: 03

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 02 / 2017

FEC Identification Number

C C00443689

**Transaction ID : B649120**

Amount of Each Disbursement this Period

1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

4700.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Select Medical Corporation PAC**

**A. Josh Gottheimer for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Contribution  
Candidate Name **Gottheimer, Josh, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 05

Date of Disbursement: 06 / 07 / 2017

FEC Identification Number: C00573949  
**Transaction ID : B649403**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**B. Josh Gottheimer for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 584

City Ridgewood State NJ Zip Code 07451

Purpose of Disbursement Contribution  
Candidate Name **Gottheimer, Josh, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: NJ District: 05

Date of Disbursement: 06 / 08 / 2017

FEC Identification Number: C00573949  
**Transaction ID : B649416**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

**C. Moulton for Congress Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2013

City Salem State MA Zip Code 01970

Purpose of Disbursement Contribution  
Candidate Name **Moulton, Seth, , ,**  
Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MA District: 06

Date of Disbursement: 06 / 22 / 2017

FEC Identification Number: C00547240  
**Transaction ID : B650848**  
Amount of Each Disbursement this Period: 1000.00

Category/Type: 011

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	196200.00



**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) <b>A. John Bel Edward Campaign</b>		Date of Disbursement MM / DD / YYYY 01 / 12 / 2017
Mailing Address 1800 Jimmie Davis Hwy Ste A		FEC Identification Number C [ ] <b>Transaction ID : B624218</b>
City Bossier City	State LA	Zip Code 71112
Purpose of Disbursement P-2019 Governor LA		Category/Type 011
Candidate Name <b>Edwards, John Bel, , ,</b>		Amount of Each Disbursement this Period [ ] - 5000.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2019 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item 08/30/16
State: LA	District:	

Full Name (Last, First, Middle Initial) <b>B.</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) <b>C.</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:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] - 5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] - 5000.00