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. 12FE4M5

Select Medical Corporation PAC

ADDRESS (number and street) ▼ 4714 Gettysburg Road

☐ Check if different than previously reported. (ACC)

Mechanicsburg | PA | 17055 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00546119

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

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

Election on MM 12 / DD 12 / YYYY 2017 in the State of AL

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

Election on MM / DD / YYYY in the State of

5. Covering Period MM 07 / DD 27 / YYYY 2017 through MM 11 / DD 22 / YYYY 2017

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 Walters, William, , ,

Signature of Treasurer *Walters, William, , ,* ***[Electronically Filed]*** Date MM 12 / DD 29 / YYYY 2017

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

Office Use Only							

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: 07 / 27 / 2017 To: 11 / 22 / 2017

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2017		122587.84
(b) Cash on Hand at Beginning of Reporting Period	69083.25	
(c) Total Receipts (from Line 19)	150649.68	290365.09
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	219732.93	412952.93
7. Total Disbursements (from Line 31)	124500.00	317720.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95232.93	95232.93
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** 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: 07 / 27 / 2017 To: 11 / 22 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	145509.85	258402.12
(ii) Unitemized	5139.83	31962.97
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	150649.68	290365.09
(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) ▶	150649.68	290365.09
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)) ▶	150649.68	290365.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	150649.68	290365.09

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	20.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	0.00	20.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	111500.00	309700.00
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)	13000.00	8000.00
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))	124500.00	317720.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	124500.00	317720.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	150649.68	290365.09
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150649.68	290365.09
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	20.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	20.00

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

Form/Schedule: **F3XA**
Transaction ID :

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

Form/Schedule:
Transaction ID:

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbate, Whitney, W, ,

Mailing Address 45 Brockmore Drive
Suite 1050

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195302

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbate, Whitney, W, ,

Mailing Address 45 Brockmore Drive
Suite 1050

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318780

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbate, Whitney, W, ,

Mailing Address 45 Brockmore Drive
Suite 1050

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366191

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) ▶

FEC MISCELLANEOUS TEXT RELATED TO A REPORT, SCHEDULE OR ITEMIZATION

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Abbate, Whitney, W, ,

Mailing Address 45 Brockmore Drive
Suite 1050

City: Greenville | State: SC | Zip Code: 29605

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2506994

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 2692.34

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620633

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 2884.65

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755056

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 3076.96
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890075
Amount of Each Receipt this Period: 192.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 3269.27
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969097
Amount of Each Receipt this Period: 192.31
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 3461.58
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155872
Amount of Each Receipt this Period: 192.31
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 3653.89
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195237
Amount of Each Receipt this Period: 192.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 3846.20
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318713
Amount of Each Receipt this Period: 192.31
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Alexander, Patricia, U, ,
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 ▼: 4038.51
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366123
Amount of Each Receipt this Period: 192.31
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Alexander, Patricia, U, ,

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 ▼ 4230.82

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507113

Amount of Each Receipt this Period: 192.31

☐ 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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620655

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755078

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. 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 ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890097

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 ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969119

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 ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155894

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)
☒ 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.
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 ▼: 2307.80
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195259
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 ▼: 2423.19
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318735
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 ▼: 2538.58
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366145
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)
☒ 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. 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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507135

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 461.64

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620679

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 500.11

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755102

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 538.58

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890121

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 577.05

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969202

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 615.52

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155919

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

Mailing Address 5810 Main St
Suite 1050

City: Mc Farland | State: WI | Zip Code: 53558-9602

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195285

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

Mailing Address 5810 Main St
Suite 1050

City: Mc Farland | State: WI | Zip Code: 53558-9602

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318763

Amount of Each Receipt this Period: 76.94

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 807.87

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366174

Amount of Each Receipt this Period: 76.94

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.35

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Anderson, Monica, L, ,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507165

Amount of Each Receipt this Period: 76.94

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620674

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 24 Tavern House Hill

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755097

Amount of Each Receipt this Period: 76.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 230.80

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

Mailing Address 24 Tavern House Hill

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890116

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

Mailing Address 24 Tavern House Hill

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969138

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 24 Tavern House Hill

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155914

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

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 ▼ 1538.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195279

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

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 ▼ 1615.53

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318757

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1692.46

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366168

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bahl, Derek, D, ,

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 ▼ 1769.39

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507159

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620628

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

Mailing Address 107 Burnam Wood Court

City: Mount Laurel | State: NJ | Zip Code: 08054

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755051

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 307.71

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

Mailing Address 107 Burnam Wood Court

City: Mount Laurel | State: NJ | Zip Code: 08054

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890070

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

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 ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969092

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

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 ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155867

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barker, Mary, A, ,
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 ▼: 2307.80
Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017
Transaction ID : A2017-2195230
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barker, Mary, A, ,
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 ▼: 2423.19
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318703
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Barker, Mary, A, ,
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 ▼: 2538.58
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366113
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Barker, Mary, A, ,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507103

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political 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 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620694

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political 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 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755117

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 153.87

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beauregard, Paige, S, ,

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political 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 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890136

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political 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 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969152

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political 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 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155935

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195301

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318779

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366190

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

Mailing Address 314 North Valley View Dr
Suite 1050

City: Taylors | State: SC | Zip Code: 29687

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2506993

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620713

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755163

Amount of Each Receipt this Period: 76.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bechtel, Melinda, C, ,

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890155

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969171

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155808

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1538.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195320

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1615.53

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318799

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1692.46

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366031

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

Mailing Address 110 Parkview Road
Suite 1050

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507014

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 307.84

Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-1669332

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere | State: FL | Zip Code: 34786

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 18 / Y Y Y Y 2017

Transaction ID : A2017-1875287

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere | State: FL | Zip Code: 34786

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President of Clinical Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : A2017-1960608

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere | State: FL | Zip Code: 34786

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President of Clinical Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : A2017-2105664

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City: Windermere | State: FL | Zip Code: 34786

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President of Clinical Services

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2017

Transaction ID : A2017-2155515

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

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 ▼ 404.04

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2017

Transaction ID : A2017-2252962

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : A2017-2348881

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : A2017-2508475

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
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 ▼: 500.11
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620641
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
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 ▼: 538.58
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755064
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
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 ▼: 577.05
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890083
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
Mailing Address: 735 Meadow Dr
City: Camp Hill | State: PA | Zip Code: 17011-1720
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Chief Nursing Officer - LT
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969105
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
Mailing Address: 735 Meadow Dr
City: Camp Hill | State: PA | Zip Code: 17011-1720
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Chief Nursing Officer - LT
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155880
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Beers, Melissa, M, Ms.,
Mailing Address: 735 Meadow Dr
City: Camp Hill | State: PA | Zip Code: 17011-1720
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Chief Nursing Officer - LT
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 692.46
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195245
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Beers, Melissa, M, Ms.,

Mailing Address 735 Meadow Dr

City: Camp Hill | State: PA | Zip Code: 17011-1720

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318721

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366131

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507121

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
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 ▼: 1153.95
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620675
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
Mailing Address: 545 Mud College Road
City: Littlestown | State: PA | Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755098
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
Mailing Address: 545 Mud College Road
City: Littlestown | State: PA | Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890117
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
Mailing Address: 545 Mud College Road
City: Littlestown | State: PA | Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969139
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
Mailing Address: 545 Mud College Road
City: Littlestown | State: PA | Zip Code: 17340
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155915
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
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 ▼: 1538.60
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195280
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
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 ▼: 1615.53
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318758
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
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 ▼: 1692.46
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366169
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bein, Robert, J, Mr.,
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 ▼: 1769.39
Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507160
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620646

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755069

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890088

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969110

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155885

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 480.95

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195250

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 596.34

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318726

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 711.73

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366136

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bencomo, Dionisio, , Mr.,

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 ▼ 827.12

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507126

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Berkstresser, Joedy, L, Mr.,
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 ▼: 1153.95
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620725
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Berkstresser, Joedy, L, Mr.,
Mailing Address: 2636 Chadbourne Drive
City: York | State: PA | Zip Code: 17404
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755175
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Berkstresser, Joedy, L, Mr.,
Mailing Address: 2636 Chadbourne Drive
City: York | State: PA | Zip Code: 17404
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890167
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berkstresser, Joedy, L, Mr.,

Mailing Address 2636 Chadbourne Drive

City: York | State: PA | Zip Code: 17404

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969183

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 2636 Chadbourne Drive

City: York | State: PA | Zip Code: 17404

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155820

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1538.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195331

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Berkstresser, Joedy, L, Mr.,

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318812

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366045

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507029

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620684

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown | State: PA | Zip Code: 15762

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755107

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown | State: PA | Zip Code: 15762

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017

Transaction ID : A2017-1890126

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

Mailing Address 3269 Blue Goose Road

City: Nicktown | State: PA | Zip Code: 15762

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969142

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 3269 Blue Goose Road

City: Nicktown | State: PA | Zip Code: 15762

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155925

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195291

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318769

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366180

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507172

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 211.64
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969121
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 230.88
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155896
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 250.12
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195261
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 269.36
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318737
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 288.60
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366147
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bodek, Rose, M, ,
Mailing Address: 225 Bender Dr, Suite 1050
City: Carrolltown | State: PA | Zip Code: 15722-6909
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507137
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Boland, Torianne, L, ,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620662

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 10 Hunters Chase

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755085

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 10 Hunters Chase

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890104

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

Mailing Address 10 Hunters Chase

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969126

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 10 Hunters Chase

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155901

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195266

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318742

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366152

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507142

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
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 ▼: 1153.95
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620609
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
Mailing Address: 207 Bryant St
City: Mechanicsburg | State: PA | Zip Code: 17050-4148
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755127
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
Mailing Address: 207 Bryant St
City: Mechanicsburg | State: PA | Zip Code: 17050-4148
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890191
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
Mailing Address: 207 Bryant St
City: Mechanicsburg | State: PA | Zip Code: 17050-4148
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1384.74
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969073
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
Mailing Address: 207 Bryant St
City: Mechanicsburg | State: PA | Zip Code: 17050-4148
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1461.67
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155848
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Bolcavage, Theodore, J, Mr.,
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 ▼: 1538.60
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195360
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bolcavage, Theodore, J, Mr.,

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 ▼ 1615.53

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318856

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1692.46

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366091

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1769.39

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507081

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

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 ▼ 2884.65

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620627

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

Mailing Address 2261 Turk Road

City: Doylestown | State: PA | Zip Code: 18901

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.96

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755145

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

Mailing Address 2261 Turk Road

City: Doylestown | State: PA | Zip Code: 18901

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890069

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

Mailing Address 2261 Turk Road

City: Doylestown | State: PA | Zip Code: 18901

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.58

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969091

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

Mailing Address 2261 Turk Road

City: Doylestown | State: PA | Zip Code: 18901

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155866

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

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 ▼ 3846.20

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195229

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

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 ▼ 4038.51

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318702

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

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 ▼ 4230.82

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366112

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Bradley, Daniel, F, Mr.,

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 ▼ 4423.13

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507102

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Breighner, Robert, G, Mr., Jr.

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620634

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 613 Carrie Drive

City: Dallastown | State: PA | Zip Code: 17313

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755057

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 613 Carrie Drive

City: Dallastown | State: PA | Zip Code: 17313

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890076

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

Mailing Address 613 Carrie Drive

City: Dallastown | State: PA | Zip Code: 17313

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969098

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 613 Carrie Drive

City: Dallastown | State: PA | Zip Code: 17313

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155873

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195238

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

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318714

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366124

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507114

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buchs, Josceylon, R, ,
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 ▼: 577.05
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620606
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buchs, Josceylon, R, ,
Mailing Address: 311 N 24th Street, Suite 1050
City: Camp Hill | State: PA | Zip Code: 17011
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755124
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buchs, Josceylon, R, ,
Mailing Address: 311 N 24th Street, Suite 1050
City: Camp Hill | State: PA | Zip Code: 17011
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890188
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buchs, Josceylon, R, ,

Mailing Address 311 N 24th Street
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969070

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 311 N 24th Street
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155845

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195357

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

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318853

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366088

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507078

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buckingham, Thomas, , Mr.,
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 ▼ 1730.85
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620611
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buckingham, Thomas, , Mr.,
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 ▼ 1846.24
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755129
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Buckingham, Thomas, , Mr.,
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 ▼ 1961.63
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890193
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buckingham, Thomas, , Mr.,

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 ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969075

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155850

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195362

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Buckingham, Thomas, , Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318858

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366093

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507083

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620711

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 615.52

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755161

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 653.99

Date of Receipt: 08 / 25 / 2017

Transaction ID : A2017-1890153

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 692.46

Date of Receipt: 09 / 08 / 2017

Transaction ID : A2017-1969169

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 730.93

Date of Receipt: 09 / 22 / 2017

Transaction ID : A2017-2155806

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017

Transaction ID : A2017-2195318

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318797

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 846.34

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366029

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Burns, Sonda, D, Ms.,

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 ▼ 884.81

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507012

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

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 ▼ 500.11

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620661

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

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 ▼ 538.58

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755084

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

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 ▼ 577.05

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890103

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

Mailing Address 4158 Cherrywood
Suite 1050

City: Troy | State: MI | Zip Code: 48098

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969125

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

Mailing Address 4158 Cherrywood
Suite 1050

City: Troy | State: MI | Zip Code: 48098

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155900

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

Mailing Address 4158 Cherrywood
Suite 1050

City: Troy | State: MI | Zip Code: 48098

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195265

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

Mailing Address 4158 Cherrywood
Suite 1050

City: Troy | State: MI | Zip Code: 48098

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318741

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

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 ▼ 769.40

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366151

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Butt, Zaahra, A, ,

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 ▼ 807.87

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507141

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620738

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

Mailing Address 2910 Pimlico Ln

City: Saginaw | State: MI | Zip Code: 48603-6190

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755188

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

Mailing Address 2910 Pimlico Ln

City: Saginaw | State: MI | Zip Code: 48603-6190

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890180

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

Mailing Address 2910 Pimlico Ln

City: Saginaw | State: MI | Zip Code: 48603-6190

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969196

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

Mailing Address 2910 Pimlico Ln

City: Saginaw | State: MI | Zip Code: 48603-6190

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155834

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195345

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318827

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

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 ▼ 846.34

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366060

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Campbell, Matthew, J, ,

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 ▼ 884.81

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507045

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Canard, Robert, S, Mr.,

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 ▼ 423.17

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620696

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 461.64

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755146

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 500.11

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890138

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Canard, Robert, S, Mr.,

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 ▼ 538.58

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969154

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155937

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 316 Woodlands Green Pl.

City: Brandon | State: MS | Zip Code: 39047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195303

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Canard, Robert, S, Mr.,

Mailing Address 316 Woodlands Green Pl.

City: Brandon | State: MS | Zip Code: 39047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318781

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 316 Woodlands Green Pl.

City: Brandon | State: MS | Zip Code: 39047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366192

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 316 Woodlands Green Pl.

City: Brandon | State: MS | Zip Code: 39047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2506995

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620722

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

Mailing Address 19073 Twilight Trl

City: Eden Prairie | State: MN | Zip Code: 55346-4047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755172

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 19073 Twilight Trl

City: Eden Prairie | State: MN | Zip Code: 55346-4047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890164

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

Mailing Address 19073 Twilight Trl

City: Eden Prairie | State: MN | Zip Code: 55346-4047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969180

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

Mailing Address 19073 Twilight Trl

City: Eden Prairie | State: MN | Zip Code: 55346-4047

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155817

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195328

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318808

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cannon, Matthew, D, ,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366040

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507024

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

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620716

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755166

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890158

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

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 ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969174

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155811

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195322

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

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318801

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366033

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507016

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Carson, Russell, L, ,

Mailing Address 930 Fifth Avenue

City: New York | State: NY | Zip Code: 10021

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 ▼ 5000.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : A2017-2358184

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620620

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

Mailing Address 2971 Stanfield Avenue

City: Orlando | State: FL | Zip Code: 32814

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755138

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5230.78

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

Mailing Address 2971 Stanfield Avenue

City: Orlando | State: FL | Zip Code: 32814

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890062

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

Mailing Address 2971 Stanfield Avenue

City: Orlando | State: FL | Zip Code: 32814

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969084

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

Mailing Address 2971 Stanfield Avenue

City: Orlando | State: FL | Zip Code: 32814

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155859

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195221

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318692

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366102

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Castroman, Marinella, , Mrs.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507092

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Causey, Heather, J, Ms.,

Mailing Address 3189 Parthenon Ave Apt 7

City: Nashville | State: TN | Zip Code: 37203-1255

FEC ID number of contributing federal political 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 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193354

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cawley, Karen, A, Ms.,

Mailing Address 11877 N 81st St

City: Scottsdale | State: AZ | Zip Code: 85260-5633

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193350

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2615.39

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chambers, Jason, S, Mr.,

Mailing Address 1415 Aaron Creek Drive

City: Fisherville | State: KY | Zip Code: 40023

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366120

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 1415 Aaron Creek Drive

City: Fisherville | State: KY | Zip Code: 40023

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.72

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507110

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 250.12

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620705

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 173.10

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Changet, Patricia, , ,

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 ▼ 269.36

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755155

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 288.60

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890147

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 6196 Grovedell St

City: Magnolia | State: OH | Zip Code: 44643-9702

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969163

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Changet, Patricia, , ,

Mailing Address 6196 Grovedell St

City: Magnolia | State: OH | Zip Code: 44643-9702

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 09 / 22 / 2017

Transaction ID : A2017-2155800

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 6196 Grovedell St

City: Magnolia | State: OH | Zip Code: 44643-9702

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 10 / 06 / 2017

Transaction ID : A2017-2195312

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 6196 Grovedell St

City: Magnolia | State: OH | Zip Code: 44643-9702

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318791

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Changet, Patricia, , ,

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 ▼ 384.80

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366202

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 404.04

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507006

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 500.11

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620733

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 76.95

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 538.58

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755183

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 577.05

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890175

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 615.52

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969191

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 653.99

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155828

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 692.46

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195339

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 730.93

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318820

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 769.40

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366053

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Chauhan, Varun, , ,

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 ▼ 807.87

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507037

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620616

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

Mailing Address 503 Peach Spring

City: Houston | State: TX | Zip Code: 77037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755134

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

Mailing Address 503 Peach Spring

City: Houston | State: TX | Zip Code: 77037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890058

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 503 Peach Spring

City: Houston | State: TX | Zip Code: 77037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969080

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

Mailing Address 503 Peach Spring

City: Houston | State: TX | Zip Code: 77037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155855

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195367

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318863

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366098

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Comer, Melinda, D, Mrs.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507088

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620613

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755131

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890055

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969077

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155852

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195364

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318860

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366095

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Costello, Jodi, L, ,

Mailing Address 4649 Montrose Avenue
Suite 1050

City: Boardman | State: OH | Zip Code: 44512

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507085

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620623

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755141

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

Mailing Address 1615 Linda Drive

City: West Chester | State: PA | Zip Code: 19380

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890065

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

Mailing Address 1615 Linda Drive

City: West Chester | State: PA | Zip Code: 19380

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969087

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

Mailing Address 1615 Linda Drive

City: West Chester | State: PA | Zip Code: 19380

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155862

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 384.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195225

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318697

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366107

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Curnane, Carolyn, N, Mrs.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507097

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Cutliff, Bryan, L, ,

Mailing Address 9674 Falmouth Dr

City: Ypsilanti | State: MI | Zip Code: 48197-1878

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 10 / 31 / 2017
Transaction ID : A2017-2354674

Amount of Each Receipt this Period: 500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 538.48

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dalton, James, E, ,

Mailing Address 6505 Edinburgh Drive

City: Nashville | State: TN | Zip Code: 37221

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 ▼ 5000.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : A2017-2358183

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620649

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755072

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5230.78

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Brian, E, Mr.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890091

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969113

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2269.33

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155888

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Brian, E, Mr.,

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 ▼ 2461.64

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195253

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 2653.95

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318729

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 2846.26

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366139

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Brian, E, Mr.,

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 ▼ 3038.57

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507129

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620676

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755099

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 423.09

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Davis, Lora, A, Mrs.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890118

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969199

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155916

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

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195282

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318760

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366171

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507162

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620630

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 1019 Peggy Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755053

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

Mailing Address 1019 Peggy Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890072

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 1019 Peggy Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969094

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 1019 Peggy Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155869

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dean, Stefanie, A, Mrs.,
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 ▼ 2307.80
Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017
Transaction ID : A2017-2195232
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dean, Stefanie, A, Mrs.,
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 ▼ 2423.19
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318705
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dean, Stefanie, A, Mrs.,
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 ▼ 2538.58
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366115
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dean, Stefanie, A, Mrs.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507105

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.82

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755191

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 269.29

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890182

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.76

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969198

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.23

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155836

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 384.70

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195347

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 423.17

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318830

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 461.64

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366064

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeBlouw, Christina, , ,

Mailing Address 27539 Irwin Rd
Suite 1050

City: Richmond | State: MI | Zip Code: 48062-2636

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 500.11

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507051

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
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 ▼ 1730.85
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620701
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
Mailing Address: 285 Merriweather Rd
City: Grosse Pointe Farms | State: MI | Zip Code: 48236-3428
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1846.24
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755151
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
Mailing Address: 285 Merriweather Rd
City: Grosse Pointe Farms | State: MI | Zip Code: 48236-3428
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 1961.63
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890143
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
Mailing Address: 285 Merriweather Rd
City: Grosse Pointe Farms | State: MI | Zip Code: 48236-3428
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2077.02
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969159
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
Mailing Address: 285 Merriweather Rd
City: Grosse Pointe Farms | State: MI | Zip Code: 48236-3428
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2192.41
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155942
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
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 ▼ 2307.80
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195308
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
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 ▼ 2423.19
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318786
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
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 ▼ 2538.58
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366197
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Deemer, Miriam, R, Mrs.,
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 ▼ 2653.97
Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507001
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeGumbia, David, J, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620673

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 383 Pattonwood Dr

City: Southington | State: CT | Zip Code: 06489

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755096

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 383 Pattonwood Dr

City: Southington | State: CT | Zip Code: 06489

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890115

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: DeGumbia, David, J, Mr.,
Mailing Address: 383 Pattonwood Dr
City: Southington | State: CT | Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969137
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: DeGumbia, David, J, Mr.,
Mailing Address: 383 Pattonwood Dr
City: Southington | State: CT | Zip Code: 06489
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155912
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: DeGumbia, David, J, Mr.,
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 ▼: 2307.80
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195277
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
DeGumbia, David, J, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318754

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366165

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507156

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dehoff, James, L, Jr., Jr.

Mailing Address 1317 Abington Way

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 09 / 11 / 2017
Transaction ID : A2017-1973611

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

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

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 ▼ 615.52

Date of Receipt: 08 / 18 / 2017
Transaction ID : A2017-2348864

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620698

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5153.86

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
Mailing Address: 202 Downing Pl, Suite 1050
City: Mechanicsburg | State: PA | Zip Code: 17050-6881
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755148
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
Mailing Address: 202 Downing Pl, Suite 1050
City: Mechanicsburg | State: PA | Zip Code: 17050-6881
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890140
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
Mailing Address: 202 Downing Pl, Suite 1050
City: Mechanicsburg | State: PA | Zip Code: 17050-6881
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969156
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
Mailing Address: 202 Downing Pl, Suite 1050
City: Mechanicsburg | State: PA | Zip Code: 17050-6881
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 2192.41
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155939
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
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 ▼ 2307.80
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195305
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Dishner, Kerry, R, ,
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 ▼ 2423.19
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318783
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Dishner, Kerry, R, ,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366194

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2506998

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755158

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahoe, Lauren, M, ,

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890150

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahoe, Lauren, M, ,

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969166

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155803

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahoe, Lauren, M, ,

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195315

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahoe, Lauren, M, ,

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318794

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366026

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donahoe, Lauren, M, ,

Mailing Address 2385 Mount Vernon Ave

City: Export | State: PA | Zip Code: 15632-9026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507009

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620654

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

Mailing Address 38 Van Doren Way

City: Belle Mead | State: NJ | Zip Code: 08502

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755077

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

Mailing Address 38 Van Doren Way

City: Belle Mead | State: NJ | Zip Code: 08502

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890096

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 38 Van Doren Way

City: Belle Mead | State: NJ | Zip Code: 08502

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969118

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

Mailing Address 38 Van Doren Way

City: Belle Mead | State: NJ | Zip Code: 08502

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155893

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195258

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318734

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366144

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Driscoll, Philip, J, Mr.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507134

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 98 Kenilworth Dr

City: Akron | State: OH | Zip Code: 44313-6736

FEC ID number of contributing federal political 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: 08 / 11 / 2017

Transaction ID : A2017-1755190

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ely, James, S, , III

Mailing Address P.O Box 6926

City: McLean | State: VA | Zip Code: 22106

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 ▼ 5000.00

Date of Receipt: 11 / 01 / 2017

Transaction ID : A2017-2358182

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5038.48

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Engelhardt, David, D, Mr.,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620626

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2772 Irene Circle

City: Roseville | State: MN | Zip Code: 55113

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755144

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2772 Irene Circle

City: Roseville | State: MN | Zip Code: 55113

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890068

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

Mailing Address 2772 Irene Circle

City: Roseville | State: MN | Zip Code: 55113

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969090

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2772 Irene Circle

City: Roseville | State: MN | Zip Code: 55113

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155865

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195228

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

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318701

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366111

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507101

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ewing, Chandler, A, Mr.,

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 ▼ 2000.00

Date of Receipt: 09 / 20 / 2017

Transaction ID : A2017-2104602

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620672

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 13316 E 93rd St

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755095

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1076.94

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Farley, Kyle, L, Mr.,

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 ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890114

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969136

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 730.93

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155911

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

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195276

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318753

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366164

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

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507155

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 250.12

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620715

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 269.36

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755165

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 76.95

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Felps, Kathy, A, Ms.,
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 ▼: 288.60
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : A2017-1890157
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Felps, Kathy, A, Ms.,
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 ▼: 307.84
Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017
Transaction ID : A2017-1969173
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Felps, Kathy, A, Ms.,
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 ▼: 327.08
Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017
Transaction ID : A2017-2155810
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Fenn, Jeffrey, R, ,
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 ▼: 577.05
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620640
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Fenn, Jeffrey, R, ,
Mailing Address: 3811 Glen Arbor Ct NE
City: Brookhaven | State: GA | Zip Code: 30319-1870
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755063
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Fenn, Jeffrey, R, ,
Mailing Address: 3811 Glen Arbor Ct NE
City: Brookhaven | State: GA | Zip Code: 30319-1870
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890082
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

Mailing Address 3811 Glen Arbor Ct NE

City: Brookhaven | State: GA | Zip Code: 30319-1870

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969104

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

Mailing Address 3811 Glen Arbor Ct NE

City: Brookhaven | State: GA | Zip Code: 30319-1870

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155879

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195244

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318720

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366130

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fenn, Jeffrey, R, ,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507120

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620607

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

Mailing Address 24 Strayer Drive

City: Carlisle | State: PA | Zip Code: 17013

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755125

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

Mailing Address 24 Strayer Drive

City: Carlisle | State: PA | Zip Code: 17013

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890189

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

Mailing Address 24 Strayer Drive

City: Carlisle | State: PA | Zip Code: 17013

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969071

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

Mailing Address 24 Strayer Drive

City: Carlisle | State: PA | Zip Code: 17013

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155846

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195358

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318854

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366089

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finkbeiner, Paul, G, Mr.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507079

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finnegan, Patti, , Ms.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620689

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755112

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890131

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finnegan, Patti, , Ms.,

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969147

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 939 Arlington Glen Drive

City: Fenton | State: MO | Zip Code: 63026

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155930

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195296

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Finnegan, Patti, , Ms.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318774

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366185

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507178

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620699

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 611 Fairground Road

City: Newport | State: PA | Zip Code: 17074

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755149

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 611 Fairground Road

City: Newport | State: PA | Zip Code: 17074

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017

Transaction ID : A2017-1890141

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

Mailing Address 611 Fairground Road

City: Newport | State: PA | Zip Code: 17074

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969157

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 611 Fairground Road

City: Newport | State: PA | Zip Code: 17074

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155940

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195306

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318784

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366195

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2506999

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gares, Donna, A, Ms.,

Mailing Address 3506 S Reserve Dr

City: Philadelphia | State: PA | Zip Code: 19145-5753

FEC ID number of contributing federal political 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 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193353

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-1669331

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

Mailing Address 3903 West Sailboat Drive

City: Pembroke Pines | State: FL | Zip Code: 33026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 18 / Y Y Y Y 2017

Transaction ID : A2017-1875286

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1038.48

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

Mailing Address 3903 West Sailboat Drive

City: Pembroke Pines | State: FL | Zip Code: 33026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 01 / 2017
Transaction ID : A2017-1960607

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

Mailing Address 3903 West Sailboat Drive

City: Pembroke Pines | State: FL | Zip Code: 33026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 15 / 2017
Transaction ID : A2017-2105663

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

Mailing Address 3903 West Sailboat Drive

City: Pembroke Pines | State: FL | Zip Code: 33026

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 29 / 2017
Transaction ID : A2017-2155514

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2017

Transaction ID : A2017-2252961

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

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 ▼ 423.28

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : A2017-2348880

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gasse, Suzanne, D, Ms.,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : A2017-2508474

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 538.58
Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017
Transaction ID : A2017-1620612
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 577.05
Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017
Transaction ID : A2017-1755130
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 615.52
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : A2017-1890054
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 653.99
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969076
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 692.46
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155851
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 730.93
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195363
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 769.40
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318859
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 807.87
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366094
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gentry, Cheryl, , Mrs.,
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 ▼ 846.34
Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017
Transaction ID : A2017-2507084
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gillard, Peter, J, Mr.,

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 ▼ 307.84

Date of Receipt: 08 / 04 / 2017
Transaction ID : A2017-1669330

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 308 Woodbridge Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 18 / 2017
Transaction ID : A2017-1875285

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gillard, Peter, J, Mr.,

Mailing Address 308 Woodbridge Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 01 / 2017
Transaction ID : A2017-1960606

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gillard, Peter, J, Mr.,
Mailing Address: 308 Woodbridge Ct
City: Allen | State: TX | Zip Code: 75013-3683
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 365.56
Date of Receipt: 09 / 15 / 2017
Transaction ID : A2017-2105662
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gillard, Peter, J, Mr.,
Mailing Address: 308 Woodbridge Ct
City: Allen | State: TX | Zip Code: 75013-3683
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 384.80
Date of Receipt: 09 / 29 / 2017
Transaction ID : A2017-2155513
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Gillard, Peter, J, Mr.,
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 ▼: 404.04
Date of Receipt: 10 / 13 / 2017
Transaction ID : A2017-2252960
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Gillard, Peter, J, Mr.,

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 ▼ 423.28

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : A2017-2348879

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : A2017-2508473

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 307.84

Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-1669329

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

Mailing Address 35 Mallard Lane

City: Kensington | State: CT | Zip Code: 06037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 18 / 2017
Transaction ID : A2017-1875284

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 35 Mallard Lane

City: Kensington | State: CT | Zip Code: 06037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 01 / 2017
Transaction ID : A2017-1960605

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 35 Mallard Lane

City: Kensington | State: CT | Zip Code: 06037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 15 / 2017
Transaction ID : A2017-2105661

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

Mailing Address 35 Mallard Lane

City: Kensington | State: CT | Zip Code: 06037

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 09 / 29 / 2017
Transaction ID : A2017-2155512

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 404.04

Date of Receipt: 10 / 13 / 2017
Transaction ID : A2017-2252959

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 10 / 27 / 2017
Transaction ID : A2017-2348878

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

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 ▼ 442.52

Date of Receipt: 11 / 10 / 2017
Transaction ID : A2017-2508472

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620704

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755154

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890146

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969162

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155945

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195311

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318790

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366201

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Goodson, David, L, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507005

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Graybill, Lorraine, L, ,

Mailing Address 204 Deerfield Road

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 ▼ 2000.00

Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193352

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620726

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2153.86

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755176

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890168

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969184

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 730.93

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155821

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195332

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318813

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366046

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Griesheim, Glen, E, Mr.,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507030

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620691

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grigonis, Antony, M, Mr.,

Mailing Address 1636 Lowell Lane

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755114

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 1636 Lowell Lane

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890133

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

Mailing Address 1636 Lowell Lane

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969149

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grigonis, Antony, M, Mr.,

Mailing Address 1636 Lowell Lane

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155932

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1538.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195298

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1615.53

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318776

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Grigonis, Antony, M, Mr.,

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 ▼ 1692.46

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366187

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1769.39

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507180

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620678

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton, Randal, S, Mr.,

Mailing Address 145 Pelican Way

City: Panama City Beach | State: FL | Zip Code: 32408

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755101

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 145 Pelican Way

City: Panama City Beach | State: FL | Zip Code: 32408

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890120

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 145 Pelican Way

City: Panama City Beach | State: FL | Zip Code: 32408

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969201

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton, Randal, S, Mr.,

Mailing Address 145 Pelican Way

City: Panama City Beach | State: FL | Zip Code: 32408

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155918

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195284

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318762

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hamilton, Randal, S, Mr.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366173

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507164

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620644

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

Mailing Address 5 East Red Gold Circle

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755067

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

Mailing Address 5 East Red Gold Circle

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890086

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

Mailing Address 5 East Red Gold Circle

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969108

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

Mailing Address 5 East Red Gold Circle

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155883

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195248

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318724

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366134

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammaker, Lora, K, Ms.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507124

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

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 ▼ 2884.65

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620714

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

Mailing Address 6 Windy Drive

City: Shavertown | State: PA | Zip Code: 18708

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.96

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755164

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

Mailing Address 6 Windy Drive

City: Shavertown | State: PA | Zip Code: 18708

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890156

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

Mailing Address 6 Windy Drive

City: Shavertown | State: PA | Zip Code: 18708

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 3461.58

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969172

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

Mailing Address 6 Windy Drive

City: Shavertown | State: PA | Zip Code: 18708

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155809

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

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 ▼ 3846.20

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195321

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

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 ▼ 4038.51

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318800

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

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 ▼ 4230.82

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366032

Amount of Each Receipt this Period: 192.31

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hammerman, Samuel, I, Doctor, I.

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 ▼ 4423.13

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507015

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890173

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 403.86

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Heath, William, D, ,

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969189

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155826

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195337

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318818

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366051

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4025 Ridgewood Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507035

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hedeman, Robin, , Ms.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620653

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 15 W Main St PO 194

City: Brookside | State: NJ | Zip Code: 07926

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755076

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 15 W Main St PO 194

City: Brookside | State: NJ | Zip Code: 07926

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890095

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hedeman, Robin, , Ms.,

Mailing Address 15 W Main St PO 194

City: Brookside | State: NJ | Zip Code: 07926

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969117

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 15 W Main St PO 194

City: Brookside | State: NJ | Zip Code: 07926

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155892

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195257

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Hedeman, Robin, , Ms.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318733

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366143

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507133

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huffman, David, J, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620658

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2915 Arcona Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755081

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2915 Arcona Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890100

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huffman, David, J, Mr.,

Mailing Address 2915 Arcona Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969122

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 2915 Arcona Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155897

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195262

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Huffman, David, J, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318738

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366148

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507138

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620693

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755116

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890135

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969151

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155934

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195300

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318778

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366189

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
James, Stephanie, R, Ms.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2506992

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620729

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

Mailing Address 4 Parsons Farm Lane

City: Old Lyme | State: CT | Zip Code: 06371

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755179

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

Mailing Address 4 Parsons Farm Lane

City: Old Lyme | State: CT | Zip Code: 06371

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890171

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

Mailing Address 4 Parsons Farm Lane

City: Old Lyme | State: CT | Zip Code: 06371

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969187

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

Mailing Address 4 Parsons Farm Lane

City: Old Lyme | State: CT | Zip Code: 06371

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155824

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195335

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318816

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366049

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jewett, Harry, M, Mr., III

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507033

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620639

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755062

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890081

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969103

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155878

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195243

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318719

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366129

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 201 SW Ascot Dr
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507119

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

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 ▼ 500.11

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620681

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 538.58

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755104

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890123

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

Mailing Address 8120 Viburnum Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969204

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 8120 Viburnum Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155921

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 8120 Viburnum Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195287

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

Mailing Address 8120 Viburnum Ct

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318765

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366176

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507167

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 1961.61

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620706

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2077.00

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755156

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2192.39

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890148

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2307.78

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969164

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2423.17

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155801

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2538.56

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195313

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2653.95

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318792

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2692.42

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366203

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Jones, Darrell, L, Mr.,

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 ▼ 2730.89

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507007

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Judd, Patricia, , Ms.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620652

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 2 Pheasant Run

City: Gladstone | State: NJ | Zip Code: 07934

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755075

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 2 Pheasant Run

City: Gladstone | State: NJ | Zip Code: 07934

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890094

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

Mailing Address 2 Pheasant Run

City: Gladstone | State: NJ | Zip Code: 07934

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969116

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 2 Pheasant Run

City: Gladstone | State: NJ | Zip Code: 07934

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155891

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195256

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318732

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366142

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507132

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

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 ▼ 500.11

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620700

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 538.58

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755150

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890142

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

Mailing Address 13 Hopper Dr.

City: Goddard | State: KS | Zip Code: 67052

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969158

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 13 Hopper Dr.

City: Goddard | State: KS | Zip Code: 67052

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155941

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 13 Hopper Dr.

City: Goddard | State: KS | Zip Code: 67052

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195307

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

Mailing Address 13 Hopper Dr.

City: Goddard | State: KS | Zip Code: 67052

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318785

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366196

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507000

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Key, David, F, Mr.,
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 ▼: 1153.95
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620643
Amount of Each Receipt this Period: 76.93
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Key, David, F, Mr.,
Mailing Address: 1750 Eliza Way
City: Mechanicsburg | State: PA | Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1230.88
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755066
Amount of Each Receipt this Period: 76.93
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Key, David, F, Mr.,
Mailing Address: 1750 Eliza Way
City: Mechanicsburg | State: PA | Zip Code: 17050
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 1307.81
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890085
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

Mailing Address 1750 Eliza Way

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969107

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

Mailing Address 1750 Eliza Way

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155882

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195247

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318723

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366133

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Key, David, F, Mr.,

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507123

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kida, Sue, A, Ms.,

Mailing Address 89 Powder Mill Road

City: Morris Plains | State: NJ | Zip Code: 07950

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 ▼ 2000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2017

Transaction ID : A2017-2260459

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969193

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155831

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2038.48

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195342

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318823

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366056

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

Mailing Address 1205 E Powderhorn Rd
Suite 1050

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507040

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620637

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755060

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890079

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969101

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155876

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195241

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318717

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366127

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507117

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620702

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 1846.24

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755152

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 1961.63
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : A2017-1890144
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 2077.02
Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017
Transaction ID : A2017-1969160
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 2192.41
Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017
Transaction ID : A2017-2155943
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 2307.80
Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017
Transaction ID : A2017-2195309
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 2423.19
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318787
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: 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 ▼: 2538.58
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366198
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507002

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620734

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

Mailing Address 28 Woodland Ave

City: Hershey | State: PA | Zip Code: 17033-2156

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755184

Amount of Each Receipt this Period: 76.93

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 269.25

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

Mailing Address 28 Woodland Ave

City: Hershey | State: PA | Zip Code: 17033-2156

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890176

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

Mailing Address 28 Woodland Ave

City: Hershey | State: PA | Zip Code: 17033-2156

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969192

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

Mailing Address 28 Woodland Ave

City: Hershey | State: PA | Zip Code: 17033-2156

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155829

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195340

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318821

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366054

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Koppenhaver, Kathleen, W, ,

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507038

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620724

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755174

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890166

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969182

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155819

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195330

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318811

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366044

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kostelec, Wendy, R, ,

Mailing Address 4983 Saddlebrook Dr.

City: Harrisburg | State: PA | Zip Code: 17112

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507028

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620610

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

Mailing Address 1278 W 9th St

City: Cleveland | State: OH | Zip Code: 44113-1028

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755128

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

Mailing Address 1278 W 9th St

City: Cleveland | State: OH | Zip Code: 44113-1028

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890192

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

Mailing Address 1278 W 9th St

City: Cleveland | State: OH | Zip Code: 44113-1028

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969074

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

Mailing Address 1278 W 9th St

City: Cleveland | State: OH | Zip Code: 44113-1028

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155849

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195361

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318857

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366092

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kozorosky, Laurie, , Mrs.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507082

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620739

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

Mailing Address 955 Bluff Ridge Dr

City: Columbus | State: OH | Zip Code: 43235-1725

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755189

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

Mailing Address 955 Bluff Ridge Dr

City: Columbus | State: OH | Zip Code: 43235-1725

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890181

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

Mailing Address 955 Bluff Ridge Dr

City: Columbus | State: OH | Zip Code: 43235-1725

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969197

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

Mailing Address 955 Bluff Ridge Dr

City: Columbus | State: OH | Zip Code: 43235-1725

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155835

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195346

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318829

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366062

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kundu, Nabarun, , ,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507047

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620615

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755133

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890057

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969079

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

Mailing Address 2409 W Bayberry Dr

City: Harrisburg | State: PA | Zip Code: 17112-1040

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155854

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195366

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318862

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366097

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Kurmakov, Aleksey, N, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507087

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620648

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 44 Sunfire Avenue

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755071

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

Mailing Address 44 Sunfire Avenue

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890090

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

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 ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969112

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155887

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195252

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318728

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366138

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lacey, Mary, B, ,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507128

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620638

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755061

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

Mailing Address 26 Joseph Drive

City: Boiling Springs | State: PA | Zip Code: 17007

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890080

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 26 Joseph Drive

City: Boiling Springs | State: PA | Zip Code: 17007

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969102

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

Mailing Address 26 Joseph Drive

City: Boiling Springs | State: PA | Zip Code: 17007

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155877

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195242

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318718

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366128

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Lewandowski, Bernard, , Mr.,

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 ▼ 2653.97

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507118

Amount of Each Receipt this Period: 115.39

☐ 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 ▼ 615.52

Date of Receipt: 08 / 04 / 2017
Transaction ID : A2017-1669328

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 ▼ 653.99

Date of Receipt: 08 / 18 / 2017
Transaction ID : A2017-1875283

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. 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 ▼ 692.46

Date of Receipt: M M 09 / D D 01 / Y Y Y Y 2017

Transaction ID : A2017-1960604

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 ▼ 730.93

Date of Receipt: M M 09 / D D 15 / Y Y Y Y 2017

Transaction ID : A2017-2105660

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 ▼ 769.40

Date of Receipt: M M 09 / D D 29 / Y Y Y Y 2017

Transaction ID : A2017-2155511

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)
☒ 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. 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 ▼ 807.87

Date of Receipt: M M 10 / D D 13 / Y Y Y Y 2017

Transaction ID : A2017-2252958

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 ▼ 846.34

Date of Receipt: M M 10 / D D 27 / Y Y Y Y 2017

Transaction ID : A2017-2348877

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 ▼ 884.81

Date of Receipt: M M 11 / D D 10 / Y Y Y Y 2017

Transaction ID : A2017-2508471

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620603

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 23 River Chase Way

City: Ormond Beach | State: FL | Zip Code: 32174

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755121

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 23 River Chase Way

City: Ormond Beach | State: FL | Zip Code: 32174

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890185

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

Mailing Address 23 River Chase Way

City: Ormond Beach | State: FL | Zip Code: 32174

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969067

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 23 River Chase Way

City: Ormond Beach | State: FL | Zip Code: 32174

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155842

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195354

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318850

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366085

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507075

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620625

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

Mailing Address 4145 Serenity Street

City: Schwenksville | State: PA | Zip Code: 19473

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755143

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

Mailing Address 4145 Serenity Street

City: Schwenksville | State: PA | Zip Code: 19473

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890067

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

Mailing Address 4145 Serenity Street

City: Schwenksville | State: PA | Zip Code: 19473

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969089

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

Mailing Address 4145 Serenity Street

City: Schwenksville | State: PA | Zip Code: 19473

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155864

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195227

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318700

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366110

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Malatesta, Michael, F, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507100

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620656

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755079

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890098

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969120

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 1060 Trevorton Road

City: Coal Township | State: PA | Zip Code: 17866

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155895

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195260

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

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318736

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366146

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507136

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

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620618

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4966 Cline Hollow Road

City: Export | State: PA | Zip Code: 15632

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755136

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4966 Cline Hollow Road

City: Export | State: PA | Zip Code: 15632

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890060

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

Mailing Address 4966 Cline Hollow Road

City: Export | State: PA | Zip Code: 15632

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969082

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 4966 Cline Hollow Road

City: Export | State: PA | Zip Code: 15632

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155857

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195219

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

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318690

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366100

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507090

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620682

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755105

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890124

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969140

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155923

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195289

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318767

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366178

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Martoccio, Debora, A, Mrs.,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507169

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620687

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755110

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890129

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969145

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155928

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195294

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318772

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366183

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McAlister, Michael, H, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507176

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McCarter, Donald, B, ,

Mailing Address 606 Harvest Drive

City: Telford | State: PA | Zip Code: 18969-2200

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.79

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507099

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620660

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

Mailing Address 1120 South Albert Pike

City: Fort Smith | State: AR | Zip Code: 72903

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755083

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 307.71

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890102

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969124

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155899

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195264

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318740

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366150

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLain, Cynthia, G, Mrs.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507140

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 250.12

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620659

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 269.36

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755082

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 153.87

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 288.60

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890101

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 307.84

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969123

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 327.08

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155898

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 346.32

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195263

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 384.79

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318739

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 423.26

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366149

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.18

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McLane, Kerry, A, ,

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 ▼ 461.73

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507139

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

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 ▼ 500.11

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620728

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

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 ▼ 538.58

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755178

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

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 ▼ 577.05

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890170

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

Mailing Address 207 Beech St

City: Shavertown | State: PA | Zip Code: 18708-1205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969186

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

Mailing Address 207 Beech St

City: Shavertown | State: PA | Zip Code: 18708-1205

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155823

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

Mailing Address 207 Beech St

City: Shavertown | State: PA | Zip Code: 18708-1205

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195334

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

Mailing Address 207 Beech St

City: Shavertown | State: PA | Zip Code: 18708-1205

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318815

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

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 ▼ 769.40

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366048

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McMullen, John, W, ,

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 ▼ 807.87

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507032

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 204 Northwood Cir

City: Mechanicsburg | State: PA | Zip Code: 17050-6882

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 10 / 31 / 2017

Transaction ID : A2017-2354675

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620624

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1653.86

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNulty, James, , Mr.,

Mailing Address 208 Woodside Avenue

City: Narberth | State: PA | Zip Code: 19072

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Senior Vice President of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755142

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 208 Woodside Avenue

City: Narberth | State: PA | Zip Code: 19072

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Senior Vice President of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017

Transaction ID : A2017-1890066

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 208 Woodside Avenue

City: Narberth | State: PA | Zip Code: 19072

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Senior Vice President of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017

Transaction ID : A2017-1969088

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNulty, James, , Mr.,

Mailing Address 208 Woodside Avenue

City: Narberth | State: PA | Zip Code: 19072

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Senior Vice President of Operations

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017

Transaction ID : A2017-2155863

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017

Transaction ID : A2017-2195226

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318698

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
McNulty, James, , Mr.,

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 ▼ 2538.58

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366108

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507098

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 135 Remo Place

City: Palm Beach Gardens | State: FL | Zip Code: 33418

FEC ID number of contributing federal political 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: 10 / 31 / 2017
Transaction ID : A2017-2354673

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1230.78

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

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 ▼ 500.11

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620686

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

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 ▼ 538.58

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755109

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

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 ▼ 577.05

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890128

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

Mailing Address 4425 Indian Deer Rd

City: Windermere | State: FL | Zip Code: 34786-3182

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969144

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

Mailing Address 4425 Indian Deer Rd

City: Windermere | State: FL | Zip Code: 34786-3182

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155927

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

Mailing Address 4425 Indian Deer Rd

City: Windermere | State: FL | Zip Code: 34786-3182

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195293

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

Mailing Address 4425 Indian Deer Rd

City: Windermere | State: FL | Zip Code: 34786-3182

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318771

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

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 ▼ 769.40

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366182

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mena, Theodore, G, ,

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 ▼ 807.87

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507174

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 250.12

Date of Receipt: 07 / 28 / 2017

Transaction ID : A2017-1620642

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 269.36

Date of Receipt: 08 / 11 / 2017

Transaction ID : A2017-1755065

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 288.60

Date of Receipt: 08 / 25 / 2017

Transaction ID : A2017-1890084

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 307.84

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969106

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 327.08

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155881

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 346.32

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195246

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 365.56

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318722

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366132

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Merryman, Angela, C, ,

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 ▼ 404.04

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507122

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Metz, Amy, , Ms.,

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 ▼ 384.70

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620707

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 423.17

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755157

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 461.64

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890149

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Metz, Amy, , Ms.,

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 ▼ 500.11

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969165

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 538.58

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155802

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195314

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Metz, Amy, , Ms.,

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 ▼ 615.52

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318793

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 1247 Dog Bluff

City: Galivants Ferry | State: SC | Zip Code: 29544

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366025

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 1247 Dog Bluff

City: Galivants Ferry | State: SC | Zip Code: 29544

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507008

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullin, Thomas, P, Mr.,

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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620665

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 215 St James Court

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755088

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 215 St James Court

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890107

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullin, Thomas, P, Mr.,

Mailing Address 215 St James Court

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969129

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 215 St James Court

City: Mechanicsburg | State: PA | Zip Code: 17050

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Operating Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155904

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195269

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mullin, Thomas, P, Mr.,

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318745

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366156

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2653.97

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507147

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

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: 07 / 28 / 2017
Transaction ID : A2017-1620723

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

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: 08 / 11 / 2017
Transaction ID : A2017-1755173

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

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: 08 / 25 / 2017
Transaction ID : A2017-1890165

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

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 ▼ 269.36

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969181

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

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 ▼ 288.60

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155818

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195329

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318810

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366043

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Neiswonger, Raymond, A, ,

Mailing Address 9 Birdsong Cir

City: East Amherst | State: NY | Zip Code: 14051-1650

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507027

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620671

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755094

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890113

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969135

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 384.79

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155910

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 423.26

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195275

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.18

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 461.73

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318752

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 500.20

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366163

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nichols, Gregory, C, Mr.,

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 ▼ 538.67

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507154

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Nordlund, Donald, S, Mr.,

Mailing Address 10869 Evergold Way

City: Highlands Ranch | State: CO | Zip Code: 80126-5726

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 ▼ 384.62

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318835

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

Mailing Address 10869 Evergold Way

City: Highlands Ranch | State: CO | Zip Code: 80126-5726

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 ▼ 576.93

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366069

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

Mailing Address 10869 Evergold Way

City: Highlands Ranch | State: CO | Zip Code: 80126-5726

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 ▼ 769.24

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507058

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620677

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755100

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890119

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969200

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155917

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195283

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318761

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366172

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Noro, Sharon, A, Mrs.,

Mailing Address 24 3rd St

City: Aspinwall | State: PA | Zip Code: 15215-2904

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507163

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620688

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755111

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890130

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969146

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155929

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195295

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: O'Malley, Jon, P, Mr.,
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 ▼: 423.27
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318773
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: O'Malley, Jon, P, Mr.,
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 ▼: 461.74
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366184
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: O'Malley, Jon, P, Mr.,
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 ▼: 500.21
Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017
Transaction ID : A2017-2507177
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ortenzio, Rocco, A, Mr.,
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 ▼ 2884.65
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620602
Amount of Each Receipt this Period: 192.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ortenzio, Rocco, A, Mr.,
Mailing Address: 7 Westwind Dr
City: Lemoyne | State: PA | Zip Code: 17043-1234
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice-Chairman
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3076.96
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755120
Amount of Each Receipt this Period: 192.31
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ortenzio, Rocco, A, Mr.,
Mailing Address: 7 Westwind Dr
City: Lemoyne | State: PA | Zip Code: 17043-1234
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice-Chairman
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 3269.27
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890184
Amount of Each Receipt this Period: 192.31
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ortenzio, Rocco, A, Mr.,

Mailing Address 7 Westwind Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3461.58

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969066

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

Mailing Address 7 Westwind Dr

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3653.89

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155841

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 3846.20

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195353

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ortenzio, Rocco, A, Mr.,

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 ▼ 4038.51

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318849

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 4230.82

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366084

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 4423.13

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507074

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Oswald, Kevin, , Mr.,

Mailing Address 530 Warrick Drive

City: Washington | State: PA | Zip Code: 15301

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 ▼ 1500.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2017

Transaction ID : A2017-2260460

Amount of Each Receipt this Period: 1500.00

☐ Memo Item

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

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620727

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 21723 E Rowland Cir

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

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755177

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 1730.78

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pegler, William, L, Mr.,

Mailing Address 21723 E Rowland Cir

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890169

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 21723 E Rowland Cir

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969185

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 21723 E Rowland Cir

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

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155822

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

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195333

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318814

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366047

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

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507031

Amount of Each Receipt this Period: 115.39

☐ Memo Item

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

Mailing Address 6 Cold Spring Lane

City: Media | State: PA | Zip Code: 19063

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366106

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennacchia, Raymond, J, Mr.,

Mailing Address 6 Cold Spring Lane

City: Media | State: PA | Zip Code: 19063

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.17

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507096

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

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 ▼ 500.11

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620736

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

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 ▼ 538.58

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755186

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

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 ▼ 577.05

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890178

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

Mailing Address 1990 Scotts Ferry Rd

City: Versailles | State: KY | Zip Code: 40383-9348

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969194

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

Mailing Address 1990 Scotts Ferry Rd

City: Versailles | State: KY | Zip Code: 40383-9348

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155832

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

Mailing Address 1990 Scotts Ferry Rd

City: Versailles | State: KY | Zip Code: 40383-9348

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195343

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

Mailing Address 1990 Scotts Ferry Rd

City: Versailles | State: KY | Zip Code: 40383-9348

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318825

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

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 ▼ 769.40

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366058

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pennington, Kimberly, G, ,

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 ▼ 807.87

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507043

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620712

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

Mailing Address 5625 Preswick Drive

City: Dublin | State: OH | Zip Code: 43017

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755162

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

Mailing Address 5625 Preswick Drive

City: Dublin | State: OH | Zip Code: 43017

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890154

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969170

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

Mailing Address 5625 Preswick Drive

City: Dublin | State: OH | Zip Code: 43017

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155807

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195319

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318798

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366030

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pettrey, Lisa, J, Mrs.,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507013

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620636

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755059

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890078

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969100

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 365.56

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155875

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 384.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195240

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318716

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366126

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Plumlee, Steve, C, Mr.,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507116

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Polo, Fabian, E, Mr.,
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 ▼ 288.60
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620717
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Polo, Fabian, E, Mr.,
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 ▼ 307.84
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755167
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Polo, Fabian, E, Mr.,
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 ▼ 327.08
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890159
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969175

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 384.79

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155812

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 423.26

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195323

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.18

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 461.73

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318802

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 500.20

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366034

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Polo, Fabian, E, Mr.,

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 ▼ 538.67

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507018

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Pomeranz, Bruce, A, ,

Mailing Address 108 Knickerbocker Road

City: Tenafly | State: NJ | Zip Code: 07670

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Executive

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: M M 10 / D D 16 / Y Y Y Y 2017

Transaction ID : A2017-2260462

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

Mailing Address 154 Kendall Bluff Ct

City: Chesterfield | State: MO | Zip Code: 63017-2157

FEC ID number of contributing federal political 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 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193348

Amount of Each Receipt this Period: 1000.00

☐ Memo Item

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

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620692

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 2019.24

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quinn, John, C, Mr.,

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 ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755115

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890134

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969150

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

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017

Transaction ID : A2017-2155933

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 404.03

Date of Receipt: 10 / 06 / 2017

Transaction ID : A2017-2195299

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 442.50

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318777

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.18

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Quinn, John, C, Mr.,

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 ▼ 480.97

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366188

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 519.44

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507181

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620685

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

Mailing Address 15413 Monticello Drive

City: Bristol | State: VA | Zip Code: 24202

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755108

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

Mailing Address 15413 Monticello Drive

City: Bristol | State: VA | Zip Code: 24202

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890127

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

Mailing Address 15413 Monticello Drive

City: Bristol | State: VA | Zip Code: 24202

FEC ID number of contributing federal political committee: C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969143

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

Mailing Address 15413 Monticello Drive

City: Bristol | State: VA | Zip Code: 24202

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155926

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195292

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318770

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366181

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Radford, Jeffrey, A, ,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507173

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620670

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 76.95

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rhodes, Chandelle, L, Ms.,

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 ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755093

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890112

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 20528 Lagoona Drive

City: Cornelius | State: NC | Zip Code: 28031

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969134

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rhodes, Chandelle, L, Ms.,

Mailing Address 20528 Lagoona Drive

City: Cornelius | State: NC | Zip Code: 28031

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155909

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195274

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318751

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rhodes, Chandelle, L, Ms.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366162

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507153

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rice, Patricia, A, Mrs.,

Mailing Address 19640 Gulf Boulevard Apt. 701

City: Indian Shores | State: FL | Zip Code: 33785-2487

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Executive Advisor

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M M 10 / D D 31 / Y Y Y Y 2017

Transaction ID : A2017-2354676

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5076.94

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Riska, Marilouise, , Mrs.,

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 ▼ 577.05

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620709

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 30093 Orchards Lane

City: New Hudson | State: MI | Zip Code: 48165

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755159

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 30093 Orchards Lane

City: New Hudson | State: MI | Zip Code: 48165

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890151

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

Mailing Address 30093 Orchards Lane

City: New Hudson | State: MI | Zip Code: 48165

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969167

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

Mailing Address 30093 Orchards Lane

City: New Hudson | State: MI | Zip Code: 48165

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155804

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195316

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

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318795

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 846.34

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366027

Amount of Each Receipt this Period: 38.47

☐ Memo Item

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

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 ▼ 884.81

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507010

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

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620604

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755122

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890186

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

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 ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969068

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 365.56

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155843

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.49

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195355

Amount of Each Receipt this Period: 76.93

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

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 ▼ 519.42

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318851

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 596.35

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366086

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 673.28

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507076

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rolsen, Timothy, J, Mr.,
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 ▼: 288.60
Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017
Transaction ID : A2017-1620697
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rolsen, Timothy, J, Mr.,
Mailing Address: 17387 Creekside Circle
City: North Royalton | State: OH | Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 307.84
Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017
Transaction ID : A2017-1755147
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rolsen, Timothy, J, Mr.,
Mailing Address: 17387 Creekside Circle
City: North Royalton | State: OH | Zip Code: 44133
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 327.08
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : A2017-1890139
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rolsen, Timothy, J, Mr.,

Mailing Address 17387 Creekside Circle

City: North Royalton | State: OH | Zip Code: 44133

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969155

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 17387 Creekside Circle

City: North Royalton | State: OH | Zip Code: 44133

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155938

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rolsen, Timothy, J, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195304

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rolsen, Timothy, J, Mr.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318782

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366193

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rolsen, Timothy, J, Mr.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2506996

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

Mailing Address 440 Boyer St

City: Halifax | State: PA | Zip Code: 17032-9017

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 10 / D D 31 / Y Y Y Y 2017

Transaction ID : A2017-2354672

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

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

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 ▼ 307.84

Date of Receipt: M M 08 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-1669333

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 327.08

Date of Receipt: M M 08 / D D 18 / Y Y Y Y 2017

Transaction ID : A2017-1875288

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

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 ▼ 346.32

Date of Receipt: 09 / 01 / 2017
Transaction ID : A2017-1960609

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 365.56

Date of Receipt: 09 / 15 / 2017
Transaction ID : A2017-2105665

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 384.80

Date of Receipt: 09 / 29 / 2017
Transaction ID : A2017-2155516

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

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 ▼ 404.04

Date of Receipt: 10 / 13 / 2017
Transaction ID : A2017-2252963

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 423.28

Date of Receipt: 10 / 27 / 2017
Transaction ID : A2017-2348882

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

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 ▼ 442.52

Date of Receipt: 11 / 10 / 2017
Transaction ID : A2017-2508476

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rusignuolo, Brian, R, Mr.,

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 ▼ 2884.65

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620629

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

Mailing Address 1339 Sconsett Way

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 3076.96

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755052

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Rusignuolo, Brian, R, Mr.,

Mailing Address 1339 Sconsett Way

City: New Cumberland | State: PA | Zip Code: 17070

FEC ID number of contributing federal political committee. C

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

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 3269.27

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890071

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
Mailing Address: 1339 Sconsett Way
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3461.58
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969093
Amount of Each Receipt this Period: 192.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
Mailing Address: 1339 Sconsett Way
City: New Cumberland | State: PA | Zip Code: 17070
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 3653.89
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155868
Amount of Each Receipt this Period: 192.31
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
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 ▼ 3846.20
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195231
Amount of Each Receipt this Period: 192.31
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
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 ▼: 4038.51
Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318704
Amount of Each Receipt this Period: 192.31
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
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 ▼: 4230.82
Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366114
Amount of Each Receipt this Period: 192.31
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Rusignuolo, Brian, R, Mr.,
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 ▼: 4423.13
Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507104
Amount of Each Receipt this Period: 192.31
☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620718

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755168

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890160

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969176

Amount of Each Receipt this Period: 76.93

☐ Memo Item

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

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 ▼ 1577.05

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155813

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 1769.36

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195324

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 461.55

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 1961.67

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318803

Amount of Each Receipt this Period: 192.31

☐ Memo Item

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

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 ▼ 2153.98

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366035

Amount of Each Receipt this Period: 192.31

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ruskan, Jeffrey, J, Mr.,

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 ▼ 2346.29

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507019

Amount of Each Receipt this Period: 192.31

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 576.93

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Lynne, M, ,

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969114

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Lynne, M, ,

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155889

Amount of Each Receipt this Period: 19.24

☐ Memo Item

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

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195254

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Lynne, M, ,

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318730

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Lynne, M, ,

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366140

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sadler, Lynne, M, ,

Mailing Address 30 Cornell Drive
Suite 1050

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Finance

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507130

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Saich, John, A, Mr.,

Mailing Address 111 Daisy Ln

City: Palmyra | State: PA | Zip Code: 17078-9202

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): Executive Vice President Chief HR O

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: M M 09 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1973610

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

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 ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620622

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

Mailing Address 34 Wall Street

City: West Long Branch | State: NJ | Zip Code: 07764

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation

Occupation (for Individual): VP Clinical Svcs & Quality Mgmt

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755140

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 5076.94

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

Mailing Address 34 Wall Street

City: West Long Branch | State: NJ | Zip Code: 07764

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): VP Clinical Svcs & Quality Mgmt

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890064

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

Mailing Address 34 Wall Street

City: West Long Branch | State: NJ | Zip Code: 07764

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): VP Clinical Svcs & Quality Mgmt

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969086

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

Mailing Address 34 Wall Street

City: West Long Branch | State: NJ | Zip Code: 07764

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): VP Clinical Svcs & Quality Mgmt

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155861

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195224

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318695

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366105

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sarfaty, Beth, R, Ms.,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507095

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620664

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755087

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 269.25

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

Mailing Address 204 Forest Lane North

City: Blountville | State: TN | Zip Code: 37617

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890106

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

Mailing Address 204 Forest Lane North

City: Blountville | State: TN | Zip Code: 37617

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969128

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

Mailing Address 204 Forest Lane North

City: Blountville | State: TN | Zip Code: 37617

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155903

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195268

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318744

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 2538.58

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366154

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Schmidt, Megan, P, Ms.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507144

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969111

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155886

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 153.87

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195251

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318727

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366137

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shaffer, Deanne, L, ,

Mailing Address 9145 Lakewood Drive
Suite 1050

City: Whitmore Lake | State: MI | Zip Code: 48189

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Regional Director of Case Managemen

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507127

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sheffield, Loretta, W, Mrs.,

Mailing Address 2360 Mill Rd

City: Mechanicsburg | State: PA | Zip Code: 17055-6081

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193351

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sherick, Bridget, J, Mrs.,

Mailing Address 121 Willow Lake Drive

City: Carlisle | State: PA | Zip Code: 17015

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: M M 10 / D D 04 / Y Y Y Y 2017

Transaction ID : A2017-2193355

Amount of Each Receipt this Period: 2000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 4019.24

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620667

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

Mailing Address 2910 Legacy Commons Plz Apt 308
Suite 1050

City: Omaha | State: NE | Zip Code: 68130-1849

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755090

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

Mailing Address 2910 Legacy Commons Plz Apt 308
Suite 1050

City: Omaha | State: NE | Zip Code: 68130-1849

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890109

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

Mailing Address 2910 Legacy Commons Plz Apt 308
Suite 1050

City: Omaha | State: NE | Zip Code: 68130-1849

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969131

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

Mailing Address 2910 Legacy Commons Plz Apt 308
Suite 1050

City: Omaha | State: NE | Zip Code: 68130-1849

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155906

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195271

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318748

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366159

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Shovlin, Tyler, J, ,

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507150

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

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 ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620680

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

Mailing Address 2968 Church St

City: Bettendorf | State: IA | Zip Code: 52722-8239

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755103

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

Mailing Address 2968 Church St

City: Bettendorf | State: IA | Zip Code: 52722-8239

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890122

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

Mailing Address 2968 Church St

City: Bettendorf | State: IA | Zip Code: 52722-8239

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969203

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

Mailing Address 2968 Church St

City: Bettendorf | State: IA | Zip Code: 52722-8239

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155920

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195286

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318764

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366175

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siffring, Connie, K, ,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507166

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singer, Deborah, L, Mrs.,

Mailing Address 195 Honeybelle Oval

City: Chagrin Falls | State: OH | Zip Code: 44022

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318694

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singer, Deborah, L, Mrs.,

Mailing Address 195 Honeybelle Oval

City: Chagrin Falls | State: OH | Zip Code: 44022

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.17

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366104

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Singer, Deborah, L, Mrs.,

Mailing Address 195 Honeybelle Oval

City: Chagrin Falls | State: OH | Zip Code: 44022

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507094

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620617

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

Mailing Address 1685 North 700 West

City: Columbus | State: IN | Zip Code: 47201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755135

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

Mailing Address 1685 North 700 West

City: Columbus | State: IN | Zip Code: 47201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890059

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

Mailing Address 1685 North 700 West

City: Columbus | State: IN | Zip Code: 47201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969081

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

Mailing Address 1685 North 700 West

City: Columbus | State: IN | Zip Code: 47201

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155856

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195218

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318864

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366099

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Gloria, J, Mrs.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507089

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Skinner, Jon, C, Mr.,
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 ▼ 1730.85

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620703
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Skinner, Jon, C, Mr.,
Mailing Address: 5200 Topaz Ct
City: Flower Mound | State: TX | Zip Code: 75022-8143
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755153
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Skinner, Jon, C, Mr.,
Mailing Address: 5200 Topaz Ct
City: Flower Mound | State: TX | Zip Code: 75022-8143
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890145
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

Mailing Address 5200 Topaz Ct

City: Flower Mound | State: TX | Zip Code: 75022-8143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969161

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

Mailing Address 5200 Topaz Ct

City: Flower Mound | State: TX | Zip Code: 75022-8143

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155944

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195310

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318788

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366199

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Skinner, Jon, C, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507003

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620621

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755139

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890063

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969085

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155860

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195222

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318693

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366103

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slane, Jeanne, M, Mrs.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507093

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slobozien, Mary, G, Ms.,
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 ▼: 577.05
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620632
Amount of Each Receipt this Period: 38.47
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slobozien, Mary, G, Ms.,
Mailing Address: 430 Brookwood Drive
City: Palmyra | State: PA | Zip Code: 17078
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 615.52
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755055
Amount of Each Receipt this Period: 38.47
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Slobozien, Mary, G, Ms.,
Mailing Address: 430 Brookwood Drive
City: Palmyra | State: PA | Zip Code: 17078
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 653.99
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890074
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

Mailing Address 430 Brookwood Drive

City: Palmyra | State: PA | Zip Code: 17078

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969096

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

Mailing Address 430 Brookwood Drive

City: Palmyra | State: PA | Zip Code: 17078

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155871

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

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 ▼ 769.40

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195235

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

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 ▼ 807.87

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318709

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366119

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slobozien, Mary, G, Ms.,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507109

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 384.70

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620690

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 423.17

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755113

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 461.64

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890132

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 500.11

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017
Transaction ID : A2017-1969148

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 538.58

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017
Transaction ID : A2017-2155931

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

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 ▼ 577.05

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017
Transaction ID : A2017-2195297

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

Mailing Address 1619 55th Street NE

City: Canton | State: OH | Zip Code: 44721

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318775

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

Mailing Address 1619 55th Street NE

City: Canton | State: OH | Zip Code: 44721

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366186

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Slonaker-Wheeler, Dawne, A, Ms.,

Mailing Address 1619 55th Street NE

City: Canton | State: OH | Zip Code: 44721

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507179

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sloterbeek, Meridell, , Mrs.,

Mailing Address 164 E Dawn Dr

City: Tempe | State: AZ | Zip Code: 85284-3160

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.78

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318706

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sloterbeek, Meridell, , Mrs.,

Mailing Address 164 E Dawn Dr

City: Tempe | State: AZ | Zip Code: 85284-3160

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.17

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366116

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sloterbeek, Meridell, , Mrs.,

Mailing Address 164 E Dawn Dr

City: Tempe | State: AZ | Zip Code: 85284-3160

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 461.56

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507106

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969133

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155908

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195273

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318750

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366161

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Smacher, Michele, M, ,

Mailing Address 11 South Alydar Blvd.
Suite 1050

City: Dillsburg | State: PA | Zip Code: 17019

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director of Financial Planning & An

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507152

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620631

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

Mailing Address 1619 Fox Hollow Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755054

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

Mailing Address 1619 Fox Hollow Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1961.63

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890073

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

Mailing Address 1619 Fox Hollow Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2077.02

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969095

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

Mailing Address 1619 Fox Hollow Road

City: Mechanicsburg | State: PA | Zip Code: 17055

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155870

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195234

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318707

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366117

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Stover, Justin, E, ,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507107

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620635

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

Mailing Address 3128 Mattatha Drive

City: Bloomington | State: IN | Zip Code: 47401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755058

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

Mailing Address 3128 Mattatha Drive

City: Bloomington | State: IN | Zip Code: 47401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890077

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

Mailing Address 3128 Mattatha Drive

City: Bloomington | State: IN | Zip Code: 47401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969099

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

Mailing Address 3128 Mattatha Drive

City: Bloomington | State: IN | Zip Code: 47401

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155874

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195239

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318715

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366125

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Streepy, Kurt, S, Mr.,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507115

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620608

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755126

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890190

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969072

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155847

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195359

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318855

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366090

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Strickland, Connie, L, Ms.,

Mailing Address 516 E Oak Pl

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507080

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620663

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755086

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890105

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969127

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155902

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195267

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318743

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366153

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Sudo, Nicoll, A, ,

Mailing Address 3306 2000 Rd
Suite 1050

City: Delta | State: CO | Zip Code: 81416-9549

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Chief Nursing Officer

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 384.80

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507143

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 288.60
Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620668
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 307.84
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755091
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 327.08
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890110
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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 346.32
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969132
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 365.56
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155907
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Supplee, Linda, K, Mrs.,
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 ▼: 384.80
Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195272
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Supplee, Linda, K, Mrs.,

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 ▼ 423.27

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318749

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Supplee, Linda, K, Mrs.,

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 ▼ 461.74

Date of Receipt: 11 / 03 / 2017

Transaction ID : A2017-2366160

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Supplee, Linda, K, Mrs.,

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 ▼ 500.21

Date of Receipt: 11 / 17 / 2017

Transaction ID : A2017-2507151

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Swergold, Leopold, , ,

Mailing Address 299 Compo Rd S

City: Westport | State: CT | Zip Code: 06880

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 ▼ 5000.00

Date of Receipt: 11 / 01 / 2017
Transaction ID : A2017-2358185

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tarvin, Michael, E, Mr.,

Mailing Address 117 Willow Lake Dr

City: Carlisle | State: PA | Zip Code: 17015-9164

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Executive Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 10 / 04 / 2017
Transaction ID : A2017-2193349

Amount of Each Receipt this Period: 5000.00

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620720

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 10019.24

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755170

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890162

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 346.32

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969178

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 384.79

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155815

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 423.26

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195326

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 461.73

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318806

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 500.20

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366038

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tenhengel-deVille, Michelle, , ,

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 ▼ 538.67

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507022

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

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 ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620619

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

Mailing Address 10925 Valley St

City: Omaha | State: NE | Zip Code: 68144-4943

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755137

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

Mailing Address 10925 Valley St

City: Omaha | State: NE | Zip Code: 68144-4943

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890061

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

Mailing Address 10925 Valley St

City: Omaha | State: NE | Zip Code: 68144-4943

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969083

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

Mailing Address 10925 Valley St

City: Omaha | State: NE | Zip Code: 68144-4943

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017

Transaction ID : A2017-2155858

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

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 ▼ 769.40

Date of Receipt: 10 / 06 / 2017

Transaction ID : A2017-2195220

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

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 ▼ 807.87

Date of Receipt: 10 / 20 / 2017

Transaction ID : A2017-2318691

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

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 ▼ 846.34

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366101

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Theroult, Thomas, N, Mr.,

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 ▼ 884.81

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507091

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620730

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 192.33

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tuer, Patrick, W, Mr.,
Mailing Address: 5230 Joshua Rd
City: Mechanicsburg | State: PA | Zip Code: 17050-7221
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1846.24
Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755180
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tuer, Patrick, W, Mr.,
Mailing Address: 5230 Joshua Rd
City: Mechanicsburg | State: PA | Zip Code: 17050-7221
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890172
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Tuer, Patrick, W, Mr.,
Mailing Address: 5230 Joshua Rd
City: Mechanicsburg | State: PA | Zip Code: 17050-7221
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969188
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

Mailing Address 5230 Joshua Rd

City: Mechanicsburg | State: PA | Zip Code: 17050-7221

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 2192.41

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155825

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

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 ▼ 2307.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195336

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

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 ▼ 2423.19

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318817

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366050

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Tuer, Patrick, W, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507034

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

Mailing Address 1605 South Silver Creek Circle

City: Sioux Falls | State: SD | Zip Code: 57106

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620614

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ulmer, Carol, , Mrs.,
Mailing Address: 1605 South Silver Creek Circle
City: Sioux Falls | State: SD | Zip Code: 57106
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 346.32
Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017
Transaction ID : A2017-1755132
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ulmer, Carol, , Mrs.,
Mailing Address: 1605 South Silver Creek Circle
City: Sioux Falls | State: SD | Zip Code: 57106
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼ 365.56
Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017
Transaction ID : A2017-1890056
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ulmer, Carol, , Mrs.,
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 ▼ 384.80
Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017
Transaction ID : A2017-1969078
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

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 ▼ 404.04

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155853

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

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 ▼ 423.28

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195365

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

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 ▼ 442.52

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318861

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

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 ▼ 461.76

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366096

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ulmer, Carol, , Mrs.,

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 ▼ 481.00

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507086

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 307.76

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620601

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 76.95

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 346.23

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755119

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 384.70

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890183

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 423.17

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969065

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 461.64

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155840

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 500.11

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195352

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 538.58

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318848

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

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 ▼ 577.05

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366083

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Umbenhauer, Kristy, J, ,

Mailing Address 619 Suedberg Rd
Suite 1050

City: Pine Grove | State: PA | Zip Code: 17963-8839

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507073

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Veit, Joel, T, Mr.,

Mailing Address 345 North 30th Street

City: Camp Hill | State: PA | Zip Code: 17011

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 09 / 11 / 2017
Transaction ID : A2017-1973609

Amount of Each Receipt this Period: 3000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 3076.94

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620651

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

Mailing Address 18 Richard Road

City: East Brunswick | State: NJ | Zip Code: 08816

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755074

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

Mailing Address 18 Richard Road

City: East Brunswick | State: NJ | Zip Code: 08816

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890093

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

Mailing Address 18 Richard Road

City: East Brunswick | State: NJ | Zip Code: 08816

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969115

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

Mailing Address 18 Richard Road

City: East Brunswick | State: NJ | Zip Code: 08816

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155890

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195255

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318731

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366141

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Vocaturo, Loran, , ,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507131

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 577.05

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620732

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 615.52

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755182

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 653.99

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890174

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 692.46

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969190

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 730.93

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155827

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 769.40

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195338

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 807.87

Date of Receipt: M 10 / D 20 / Y 2017
Transaction ID : A2017-2318819

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 846.34

Date of Receipt: M 11 / D 03 / Y 2017
Transaction ID : A2017-2366052

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wagley, Ronnie, J, ,

Mailing Address 10305 SW 27th Pl

City: Gainesville | State: FL | Zip Code: 32608-9083

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 884.81

Date of Receipt: M 11 / D 17 / Y 2017
Transaction ID : A2017-2507036

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620719

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755169

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890161

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969177

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155814

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Ward, Robert, S, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195325

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)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ward, Robert, S, Mr.,
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 ▼: 404.04
Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017
Transaction ID : A2017-2318804
Amount of Each Receipt this Period: 19.24
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ward, Robert, S, Mr.,
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 ▼: 423.28
Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017
Transaction ID : A2017-2366036
Amount of Each Receipt this Period: 19.24
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Ward, Robert, S, Mr.,
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 ▼: 442.52
Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017
Transaction ID : A2017-2507020
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

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 ▼ 288.60

Date of Receipt: 07 / 28 / 2017
Transaction ID : A2017-1620645

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 08 / 11 / 2017
Transaction ID : A2017-1755068

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890087

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969109

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

Mailing Address 200 Pleasant View Drive

City: Etters | State: PA | Zip Code: 17319

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155884

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195249

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

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 ▼ 404.04

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318725

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

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 ▼ 423.28

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366135

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Watts, Randall, K, Mr.,

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 ▼ 442.52

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507125

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

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 ▼ 1153.95

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620666

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

Mailing Address 698 Gordon Dr

City: Charleston | State: WV | Zip Code: 25314-1762

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1230.88

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755089

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

Mailing Address 698 Gordon Dr

City: Charleston | State: WV | Zip Code: 25314-1762

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1307.81

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890108

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

Mailing Address 698 Gordon Dr

City: Charleston | State: WV | Zip Code: 25314-1762

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1384.74

Date of Receipt: M M 09 / D D 08 / Y Y Y Y 2017

Transaction ID : A2017-1969130

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

Mailing Address 698 Gordon Dr

City: Charleston | State: WV | Zip Code: 25314-1762

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Administrator

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 1461.67

Date of Receipt: M M 09 / D D 22 / Y Y Y Y 2017

Transaction ID : A2017-2155905

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

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 ▼ 1538.60

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195270

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

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 ▼ 1615.53

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318747

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

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 ▼ 1692.46

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366158

Amount of Each Receipt this Period: 76.93

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Weber, Frank, J, Mr., III

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 ▼ 1769.39

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507149

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Wells, Mark, T, ,

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 ▼ 576.93

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507146

Amount of Each Receipt this Period: 76.93

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620710

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755160

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 327.08

Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890152

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969168

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155805

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 384.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195317

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 404.04

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318796

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 423.28

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366028

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
White, Andrea, F, Mrs.,

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 ▼ 442.52

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507011

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

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 ▼ 1730.85

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620605

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

Mailing Address 9670 Rod Road

City: Alpharetta | State: GA | Zip Code: 30022

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 1846.24

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755123

Amount of Each Receipt this Period: 115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 250.02

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Williams, Brian, J, Mr.,
Mailing Address: 9670 Rod Road
City: Alpharetta | State: GA | Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 1961.63
Date of Receipt: 08 / 25 / 2017
Transaction ID : A2017-1890187
Amount of Each Receipt this Period: 115.39
☐ Memo Item

B.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Williams, Brian, J, Mr.,
Mailing Address: 9670 Rod Road
City: Alpharetta | State: GA | Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼
Aggregate Year-to-Date ▼: 2077.02
Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969069
Amount of Each Receipt this Period: 115.39
☐ Memo Item

C.
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name: Williams, Brian, J, Mr.,
Mailing Address: 9670 Rod Road
City: Alpharetta | State: GA | Zip Code: 30022
FEC ID number of contributing federal political committee: C
Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Senior Vice President
Receipt For: ☐ Primary ☐ General ☐ Other (specify)
Aggregate Year-to-Date ▼: 2192.41
Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155844
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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

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 ▼ 2307.80

Date of Receipt: M M 10 / D D 06 / Y Y Y Y 2017

Transaction ID : A2017-2195356

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

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 ▼ 2423.19

Date of Receipt: M M 10 / D D 20 / Y Y Y Y 2017

Transaction ID : A2017-2318852

Amount of Each Receipt this Period: 115.39

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

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 ▼ 2538.58

Date of Receipt: M M 11 / D D 03 / Y Y Y Y 2017

Transaction ID : A2017-2366087

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Brian, J, Mr.,

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 ▼ 2653.97

Date of Receipt: M M 11 / D D 17 / Y Y Y Y 2017

Transaction ID : A2017-2507077

Amount of Each Receipt this Period: 115.39

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 211.64

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755106

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 230.88

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890125

Amount of Each Receipt this Period: 19.24

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 153.87

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 250.12

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969141

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 269.36

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155924

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 288.60

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195290

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 307.84

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318768

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 327.08

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366179

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Williams, Lisa, , ,

Mailing Address 4485 Alderny Circle

City: High Point | State: NC | Zip Code: 27265

FEC ID number of contributing federal political committee. C

Name of Employer (for Individual): Select Medical Corporation
Occupation (for Individual): Director

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date ▼ 346.32

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507170

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620737

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755187

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890179

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969195

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 365.56

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155833

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 384.80

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195344

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)
☒ 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 423.27

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318826

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 461.74

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366059

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winn, Eleyce, L, ,

Mailing Address 1321 W 90th Pl 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 ▼ 500.21

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507044

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)
☒ 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. 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 ▼ 288.60

Date of Receipt: M M 07 / D D 28 / Y Y Y Y 2017

Transaction ID : A2017-1620721

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. 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 ▼ 307.84

Date of Receipt: M M 08 / D D 11 / Y Y Y Y 2017

Transaction ID : A2017-1755171

Amount of Each Receipt this Period: 19.24

☐ Memo Item

C. 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 ▼ 327.08

Date of Receipt: M M 08 / D D 25 / Y Y Y Y 2017

Transaction ID : A2017-1890163

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)
☒ 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. 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 ▼ 346.32

Date of Receipt: 09 / 08 / 2017
Transaction ID : A2017-1969179

Amount of Each Receipt this Period: 19.24

☐ Memo Item

B. 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 ▼ 384.79

Date of Receipt: 09 / 22 / 2017
Transaction ID : A2017-2155816

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. 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 ▼ 423.26

Date of Receipt: 10 / 06 / 2017
Transaction ID : A2017-2195327

Amount of Each Receipt this Period: 38.47

☐ Memo Item

SUBTOTAL of Receipts This Page (optional) ▶ 96.18

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)
☒ 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. 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 ▼ 461.73

Date of Receipt: 10 / 20 / 2017
Transaction ID : A2017-2318807

Amount of Each Receipt this Period: 38.47

☐ Memo Item

B. 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 ▼ 500.20

Date of Receipt: 11 / 03 / 2017
Transaction ID : A2017-2366039

Amount of Each Receipt this Period: 38.47

☐ Memo Item

C. 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 ▼ 538.67

Date of Receipt: 11 / 17 / 2017
Transaction ID : A2017-2507023

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) ▶ 145509.85

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Kansans for Marshall
Mailing Address: P.O. Box 1588
City: Great Bend | State: KS | Zip Code: 67530
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Marshall, Roger, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 01
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 07 / 27 / 2017
FEC Identification Number: C C00576173
Transaction ID : B662284
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Charlie Dent for Congress
Mailing Address: PO Box 442
City: Allentown | State: PA | Zip Code: 18105
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Dent, Charlie, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 15
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 03 / 2017
FEC Identification Number: C C00386847
Transaction ID : B662607
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Heller for Senate
Mailing Address: PO Box 371907
City: Las Vegas | State: NV | Zip Code: 89137
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Heller, Dean, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NV District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 08 / 2017
FEC Identification Number: C C00494229
Transaction ID : B662734
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 8000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Heller for Senate
Mailing Address: PO Box 371907
City: Las Vegas | State: NV | Zip Code: 89137
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Heller, Dean, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: NV District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 08 / 2017
FEC Identification Number: C C00494229
Transaction ID : B662735
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Carlos Curbelo Congress
Mailing Address: 8724 SW 72nd Street
City: Miami | State: FL | Zip Code: 33173
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Curbelo, Carlos, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 26
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 10 / 2017
FEC Identification Number: C C00546846
Transaction ID : B662864
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Carlos Curbelo Congress
Mailing Address: 8724 SW 72nd Street
City: Miami | State: FL | Zip Code: 33173
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Curbelo, Carlos, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 26
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 10 / 2017
FEC Identification Number: C C00546846
Transaction ID : B662865
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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Mike Bishop for Congress
Mailing Address: P.O. Box 1148
City: Brighton | State: MI | Zip Code: 48116
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Bishop, Michael, D, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 08 / 25 / 2017
FEC Identification Number: C C00561001
Transaction ID : B663850
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Mike Bishop for Congress
Mailing Address: P.O. Box 1148
City: Brighton | State: MI | Zip Code: 48116
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Bishop, Michael, D, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 08 / 25 / 2017
FEC Identification Number: C C00561001
Transaction ID : B663851
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Lou Barletta for Senate
Mailing Address: P.O. Box 128
City: Hazelton | State: PA | Zip Code: 18201
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Barletta, Lou, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: PA District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00445122
Transaction ID : B664518
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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Lou Barletta for Senate
Mailing Address: P.O. Box 128
City: Hazelton | State: PA | Zip Code: 18201
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Barletta, Lou, , ,
Office Sought: ☐ House ☒ Senate ☐ President
State: PA District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00445122
Transaction ID : B664519
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): McConnell for Majority Leader Cmte
Mailing Address: 228 S. Washington St. Suite 115
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Not Applicable
Date of Disbursement: 09 / 07 / 2017
FEC Identification Number: C C00548651
Transaction ID : B664429
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Ryan Costello for Congress
Mailing Address: PO Box 3154
City: West Chester | State: PA | Zip Code: 19381
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Costello, Ryan, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 20 / 2017
FEC Identification Number: C C00554899
Transaction ID : B665671
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 12500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Keystone America PAC
Mailing Address: 601 13th St. Fl. 11 South NW
City: Washington | State: DC | Zip Code: 20005
Purpose of Disbursement: Contribution
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: M M 09 / D D 27 / Y Y Y Y 2017
FEC Identification Number: C C00439992
Transaction ID : B666214
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Hatch Election Committee Inc
Mailing Address: PO Box 3986
City: Washington | State: DC | Zip Code: 20027
Purpose of Disbursement: Contribution
Candidate Name: Hatch, Orrin, G, ,
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: UT District:
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 10 / Y Y Y Y 2017
FEC Identification Number: C C00104752
Transaction ID : B667102
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends of John Barrasso
Mailing Address: 1020 N. Fairfax Street Suite 201
City: Alexandria | State: VA | Zip Code: 22314
Purpose of Disbursement: Contribution
Candidate Name: Barrasso, John, , ,
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: WY District:
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify) ▼
Date of Disbursement: M M 10 / D D 18 / Y Y Y Y 2017
FEC Identification Number: C C00436386
Transaction ID : B667776
Amount of Each Disbursement this Period: 2500.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 10000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Kind for Congress Committee
Mailing Address: 233 Pennsylvania Ave SE 2nd Floor
City: Washington | State: DC | Zip Code: 20003
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Kind, Ron, J, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2017
FEC Identification Number: C C00312017
Transaction ID : B668303
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Friends of Erik Paulsen
Mailing Address: P.O. Box 44369 250 Prairie Center
City: Eden Prairie | State: MN | Zip Code: 55344
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Paulsen, Erik, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 06 / 2017
FEC Identification Number: C C00439661
Transaction ID : B669022
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Friends of Erik Paulsen
Mailing Address: P.O. Box 44369 250 Prairie Center
City: Eden Prairie | State: MN | Zip Code: 55344
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Paulsen, Erik, , ,
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 03
Disbursement For: 2018 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 11 / 06 / 2017
FEC Identification Number: C C00439661
Transaction ID : B669023
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial)
Doug Jones for Senate Committee

Mailing Address PO Box 131025

City: Birmingham | State: AL | Zip Code: 35213

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Jones, Doug, , ,

Office Sought: ☐ House ☒ Senate ☐ President
State: AL District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Special General

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C C00640623
Transaction ID : B669483

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)
Don Bacon for Congress

Mailing Address P.O. Box 391368

City: Omaha | State: NE | Zip Code: 68139

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name: Bacon, Don, , ,

Office Sought: ☒ House ☐ Senate ☐ President
State: NE District: 02

Disbursement For: 2018
☒ Primary ☐ General
☐ Other (specify)

Date of Disbursement: 11 / 14 / 2017

FEC Identification Number: C C00575167
Transaction ID : B669613

Amount of Each Disbursement this Period: 5000.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)
NRCC

Mailing Address 320 1st St. SE

City: Washington | State: DC | Zip Code: 20003

Purpose of Disbursement: Contribution

Category/Type: 011

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2017
☐ Primary ☐ General
☒ Other (specify) ▼ Recount/Legal Acct

Date of Disbursement: 11 / 14 / 2017

FEC Identification Number: C C00075820
Transaction ID : B669614

Amount of Each Disbursement this Period: 25000.00

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 35000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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 (Last, First, Middle Initial): Roskam for Congress Cmte
Mailing Address: P. O. Box 713
City: Wheaton | State: IL | Zip Code: 60187
Purpose of Disbursement: Contribution
Category/Type: 011
Candidate Name: Roskam, Peter, J, ,
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2018 ☒ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 11 / 14 / 2017
FEC Identification Number: C C00410969
Transaction ID : B669612
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 111500.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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 (Last, First, Middle Initial): Pennsylvanians for Qualified Judges
Mailing Address: 112 State Street
City: Harrisburg | State: PA | Zip Code: 17101
Purpose of Disbursement: State PAC
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) ▼ Not Applicable
Date of Disbursement: 10 / 24 / 2017
FEC Identification Number: C
Transaction ID : B668173
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

B. Full Name (Last, First, Middle Initial): Pennsylvanians for Qualified Judges
Mailing Address: 112 State Street
City: Harrisburg | State: PA | Zip Code: 17101
Purpose of Disbursement: State PAC
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2017 ☐ Primary ☐ General ☒ Other (specify) Not Applicable
Date of Disbursement: 10 / 24 / 2017
FEC Identification Number: C
Transaction ID : B668183
Amount of Each Disbursement this Period: 5000.00
☐ Memo Item

C. Full Name (Last, First, Middle Initial): Ed Gillespie for Governor
Mailing Address: P.O. Box 71596
City: Richmond | State: VA | Zip Code: 23255
Purpose of Disbursement: G-2017 Governor VA
Candidate Name: Gillespie, Ed, , ,
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: VA District:
Disbursement For: 2017 ☐ Primary ☒ General ☐ Other (specify) ▼
Date of Disbursement: 09 / 20 / 2017
FEC Identification Number: C
Transaction ID : B665680
Amount of Each Disbursement this Period: 1000.00
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 11000.00

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)
☐ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27
☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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 (Last, First, Middle Initial): Ed Gillespie for Governor
Mailing Address: P.O. Box 71596
City: Richmond | State: VA | Zip Code: 23255
Purpose of Disbursement: G-2017 Governor VA
Category/Type: 011
Candidate Name: Gillespie, Ed, , ,
Office Sought: ☐ House ☐ Senate ☐ President
State: VA District:
Disbursement For: 2017 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 20 / 2017
FEC Identification Number: C
Transaction ID : B665681
Amount of Each Disbursement this Period: 2000.00
☐ Memo Item

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: | State: | Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
FEC Identification Number: C
Amount of Each Disbursement this Period:
☐ Memo Item

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

TOTAL This Period (last page this line number only) ▶ 13000.00