

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 457
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

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

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
404.04

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2017

Transaction ID : A2017-2252962

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
423.28

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		27		2017

Transaction ID : A2017-2348881

Amount of Each Receipt this Period
19.24

Memo Item

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

Mailing Address 8444 Tibet Butler Dr

City Windermere	State FL	Zip Code 34786
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Vice President of Clinical Services
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
442.52

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		10		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).....	