

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 302 OF 457
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Malley, Jon, P, Mr.,

Mailing Address 52477 Silent Ridge Drive

City Chesterfield	State MI	Zip Code 48051
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.32

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
365.56

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Select Medical Corporation	Occupation (for Individual) Administrator
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
384.80

Date of Receipt

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