

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

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

FOR LINE NUMBER: PAGE 108 OF 214

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

Select Medical Corporation PAC

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

A. McNulty, James, , Mr.,

Mailing Address 208 Woodside Avenue

City  
NarberthState  
PAZip Code  
19072FEC 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 ▼

3000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 27 / 2019

Transaction ID : A2019-3119635

Amount of Each Receipt this Period

115.25

☐ Memo Item

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

B. Mullin, Thomas, P, Mr.,

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC 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 ▼

1615.46

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 12 / 2019

Transaction ID : A2019-1512400

Amount of Each Receipt this Period

115.39

☐ Memo Item

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

C. Mullin, Thomas, P, Mr.,

Mailing Address 215 St James Court

City  
MechanicsburgState  
PAZip Code  
17050FEC 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

M M / D D / Y Y Y Y Y  
07 / 26 / 2019

Transaction ID : A2019-1676331

Amount of Each Receipt this Period

115.39

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

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

346.03