

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

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00546119

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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 03 / 15 / 2016 in the State of OH

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

Election on / / in the State of

5. Covering Period 01 / 01 / 2016 through 02 / 24 / 2016

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 William Walters

Signature of Treasurer William Walters [Electronically Filed] Date 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Select Medical Corporation PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="121630.99"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="121630.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="27790.97"/>	<input type="text" value="27790.97"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="149421.96"/>	<input type="text" value="149421.96"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47000.00"/>	<input type="text" value="47000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="102421.96"/>	<input type="text" value="102421.96"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

Select Medical Corporation PAC

Report Covering the Period: From: 01 / 01 / 2016 To: 02 / 24 / 2016

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).....	16923.45	16923.45
(ii) Unitemized	10867.52	10867.52
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27790.97	27790.97
(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)	27790.97	27790.97
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))..... ▶	27790.97	27790.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27790.97	27790.97

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	47000.00	47000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47000.00	47000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	27790.97	27790.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	27790.97	27790.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

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

Form/Schedule: F3XA
Transaction ID :

This report is being amended to correct the beginning balance due to unitemized receipts not disclosed on the 2015 Year End Report and to disclose additional unitemized receipts not reported. 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)	PAGE 7 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51007
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Ms. Joan Alverzo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252618
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Robert J Bein
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252619
 Amount of Each Receipt this Period 76.93
 Memo Item

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

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

Form/Schedule: SA11AI
Transaction ID :

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

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Joedy L Berkstresser
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Information Systems
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252708
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.76

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51011
 Amount of Each Receipt this Period 115.38
 Memo Item

C. Mr. Edwin A Bodensiek
 Full Name (Last, First, Middle Initial)
 Mailing Address 3047 Terra Maria Way
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252622
 Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	307.69
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Theodore J Bolcavage
 Full Name (Last, First, Middle Initial)
 Mailing Address 30 Stone Run Drive
 City Mechanicsburg State PA Zip Code 17050
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.79**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252624
 Amount of Each Receipt this Period **76.93**
 Memo Item

B. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **384.62**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51014
 Amount of Each Receipt this Period **192.31**
 Memo Item

C. Mr. Daniel F Bradley
 Full Name (Last, First, Middle Initial)
 Mailing Address 2261 Turk Road
 City Doylestown State PA Zip Code 18901
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **576.93**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252625
 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)	PAGE 11 OF 37
	<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. Mr. Robert H Brehm
Full Name (Last, First, Middle Initial)
Mailing Address 605 Chestnut St.
City Stirling State NJ Zip Code 07980
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **384.62**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51015
Amount of Each Receipt this Period **192.31**
 Memo Item

B. Mr. Robert H Brehm
Full Name (Last, First, Middle Initial)
Mailing Address 605 Chestnut St.
City Stirling State NJ Zip Code 07980
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **576.93**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252626
Amount of Each Receipt this Period **192.31**
 Memo Item

C. Mr. Robert G Breighner
Full Name (Last, First, Middle Initial)
Mailing Address 613 Carrie Drive
City Dallastown State PA Zip Code 17313
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Vice President (Ex)
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **230.79**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252627
Amount of Each Receipt this Period **76.93**
 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)	PAGE 12 OF 37
	<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. Mr. Thomas Buckingham
Full Name (Last, First, Middle Initial)
Mailing Address 1 Chantilly Court

City Mechanicsburg	State PA	Zip Code 17050
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FEC ID number of contributing federal political committee. **C**

Name of Employer Select Medical Corporation	Occupation Executive Vice President (Ex)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51018

Amount of Each Receipt this Period
115.39

Memo Item

B. Mr. Thomas Buckingham
Full Name (Last, First, Middle Initial)
Mailing Address 1 Chantilly Court

City Mechanicsburg	State PA	Zip Code 17050
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FEC ID number of contributing federal political committee. **C**

Name of Employer Select Medical Corporation	Occupation Executive Vice President (Ex)
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : A2016-252629

Amount of Each Receipt this Period
115.39

Memo Item

c. Mr. Raymond F Carnevale
Full Name (Last, First, Middle Initial)
Mailing Address 5801 Gemini Dr. Apt. 305

City Madison	State WI	Zip Code 53718
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FEC ID number of contributing federal political committee. **C**

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : A2016-252630

Amount of Each Receipt this Period
76.93

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)	PAGE 13 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Mrs. Marinella Castroman		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : A2016-51020
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

Full Name (Last, First, Middle Initial) B. Mrs. Marinella Castroman		Date of Receipt MM / DD / YYYY 02 / 12 / 2016 Transaction ID : A2016-252631
Mailing Address 2971 Stanfield Avenue		Amount of Each Receipt this Period 115.39
City Orlando	State FL	Zip Code 32814
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Select Medical Corporation	Occupation Administrator (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 346.17	

Full Name (Last, First, Middle Initial) C. Mr. Brian E Davis		Date of Receipt MM / DD / YYYY 01 / 29 / 2016 Transaction ID : A2016-51024
Mailing Address 1211 High Hollow		Amount of Each Receipt this Period 115.39
City Mechanicsburg	State PA	Zip Code 17050
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer Select Medical Corporation	Occupation Regional President (Ex)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 230.78	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Brian E Davis
Full Name (Last, First, Middle Initial)

Mailing Address 1211 High Hollow

City Mechanicsburg State PA Zip Code 17050

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

Name of Employer Select Medical Corporation Occupation Regional President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : A2016-252635

Amount of Each Receipt this Period
115.39

Memo Item

B. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : A2016-51025

Amount of Each Receipt this Period
115.39

Memo Item

C. Mrs. Lora A Davis
Full Name (Last, First, Middle Initial)

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 Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 12 / 2016

Transaction ID : A2016-252636

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51027
 Amount of Each Receipt this Period **115.39**
 Memo Item

B. Mrs. Stefanie A Dean
 Full Name (Last, First, Middle Initial)
 Mailing Address 6421 Farmcrest Lane
 City Harrisburg State PA Zip Code 17111
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **346.17**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252638
 Amount of Each Receipt this Period **115.39**
 Memo Item

C. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51029
 Amount of Each Receipt this Period **115.39**
 Memo Item

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

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

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

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

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David J DeGumbia
 Full Name (Last, First, Middle Initial)
 Mailing Address 383 Pattonwood Dr
 City Southington State CT Zip Code 06489
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252640
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Bahl D Derek
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252718
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. John F Duggan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1764 North Meadow Drive
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 01 / 28 / 2016
Transaction ID : A2016-35779
 Amount of Each Receipt this Period 3000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶ 3192.32
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David D Engelhardt
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51031

Amount of Each Receipt this Period
115.39

Memo Item

B. Mr. David D Engelhardt
Full Name (Last, First, Middle Initial)

Mailing Address 2772 Irene Circle

City Roseville	State MN	Zip Code 55113
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : A2016-252642

Amount of Each Receipt this Period
115.39

Memo Item

C. Mr. David L Goodson
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Lionsgate Lane

City Gulf Breeze	State FL	Zip Code 32563
---------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51035

Amount of Each Receipt this Period
115.39

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 37
	<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. Mr. David L Goodson
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Lionsgate Lane
 City State Zip Code
 Gulf Breeze FL 32563
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Administrator (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252646
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Antony M Grigonis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1636 Lowell Lane
 City State Zip Code
 New Cumberland PA 17070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Vice President (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252647
 Amount of Each Receipt this Period
 76.93
 Memo Item

C. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City State Zip Code
 Kingston PA 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Select Medical Corporation Chief Medical Officer (Ex)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 384.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : A2016-51037
 Amount of Each Receipt this Period
 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.63
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Doctor Samuel I Hammerman
 Full Name (Last, First, Middle Initial)
 Mailing Address 239 Butler Street
 City Kingston State PA Zip Code 18704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Chief Medical Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **576.93**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252648
 Amount of Each Receipt this Period **192.31**
 Memo Item

B. Mrs. Barbara E Hannan
 Full Name (Last, First, Middle Initial)
 Mailing Address 83 Krattiger Court
 City West Milford State NJ Zip Code 07480
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.79**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252649
 Amount of Each Receipt this Period **76.93**
 Memo Item

C. Mr. David J Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Arcona Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51040
 Amount of Each Receipt this Period **115.39**
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	384.63
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 20 OF 37
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. David J Huffman
 Full Name (Last, First, Middle Initial)
 Mailing Address 2915 Arcona Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252651
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : A2016-51041
 Amount of Each Receipt this Period
 115.39
 Memo Item

C. Ms. Stephanie R James
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252652
 Amount of Each Receipt this Period
 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 37
	<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. Mr. Harry M Jewett
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Business Developmen
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252712
 Amount of Each Receipt this Period
 76.93
 Memo Item

B. Mr. David F Key
 Full Name (Last, First, Middle Initial)
 Mailing Address 1286 Brayshore Drive
 City Collierville State TN Zip Code 38017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252653
 Amount of Each Receipt this Period
 76.93
 Memo Item

C. Mr. Aleksey N Kurmakov
 Full Name (Last, First, Middle Initial)
 Mailing Address 2413 Toftree Drive
 City Harrisburg State PA Zip Code 17112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252658
 Amount of Each Receipt this Period
 76.93
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mary Lacey
Full Name (Last, First, Middle Initial)

Mailing Address 44 Sunfire Avenue

City State Zip Code
Camp Hill PA 17011

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

Name of Employer Occupation
Select Medical Corporation VP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
MM / DD / YYYY
02 / 12 / 2016
Transaction ID : A2016-252716

Amount of Each Receipt this Period
76.93

Memo Item

B. Mr. Bernard Lewandowski
Full Name (Last, First, Middle Initial)

Mailing Address 26 Joseph Drive

City State Zip Code
Boiling Springs PA 17007

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.79

Date of Receipt
MM / DD / YYYY
02 / 12 / 2016
Transaction ID : A2016-252659

Amount of Each Receipt this Period
76.93

Memo Item

C. Mr. Michael F Malatesta
Full Name (Last, First, Middle Initial)

Mailing Address 4145 Serenity Street

City State Zip Code
Schwenksville PA 19473

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

Name of Employer Occupation
Select Medical Corporation Vice President (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.76

Date of Receipt
MM / DD / YYYY
01 / 29 / 2016
Transaction ID : A2016-51049

Amount of Each Receipt this Period
115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	269.24
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)	PAGE 23 OF 37
	<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. Mr. Michael F Malatesta
 Full Name (Last, First, Middle Initial)
 Mailing Address 4145 Serenity Street
 City Schwenksville State PA Zip Code 19473
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.14

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252660
 Amount of Each Receipt this Period 115.38
 Memo Item

B. Mr. Michael H McAlister
 Full Name (Last, First, Middle Initial)
 Mailing Address 5950 Fishing Creek Road
 City Nolensville State TN Zip Code 37135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252665
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Mr. Michael T McGovern
 Full Name (Last, First, Middle Initial)
 Mailing Address 2452 Club Road
 City Columbus State OH Zip Code 43221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51055
 Amount of Each Receipt this Period 115.39
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 307.70
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 24 OF 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Michael T McGovern
Full Name (Last, First, Middle Initial)
Mailing Address 2452 Club Road
City Columbus State OH Zip Code 43221
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Senior Vice President (Ex)
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252666
Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. James McNulty
Full Name (Last, First, Middle Initial)
Mailing Address 208 Woodside Avenue
City Narberth State PA Zip Code 19072
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51056
Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. James McNulty
Full Name (Last, First, Middle Initial)
Mailing Address 208 Woodside Avenue
City Narberth State PA Zip Code 19072
FEC ID number of contributing federal political committee. **C**
Name of Employer Select Medical Corporation Occupation Senior Vice President of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252667
Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Sharon A Noro
Full Name (Last, First, Middle Initial)
Mailing Address 24 3rd Street

City Aspinwall	State PA	Zip Code 15215
-------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51059

Amount of Each Receipt this Period
115.39

Memo Item

B. Mrs. Sharon A Noro
Full Name (Last, First, Middle Initial)
Mailing Address 24 3rd Street

City Aspinwall	State PA	Zip Code 15215
-------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
346.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : A2016-252670

Amount of Each Receipt this Period
115.39

Memo Item

C. Mr. Robert A Padalino
Full Name (Last, First, Middle Initial)
Mailing Address 1470 Torrey

City Grosse Pointe Woods	State MI	Zip Code 48236
-----------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Regional President (Ex)
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	28	/	2016

Transaction ID : A2016-35780

Amount of Each Receipt this Period
5000.00

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: PAGE 26 OF 37
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)
A. Mr. Matthew P Pearson

Mailing Address 4514 W 72nd Street

City Prairie Village	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
384.62

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51062

Amount of Each Receipt this Period
192.31

Memo Item

Full Name (Last, First, Middle Initial)
B. Mr. Matthew P Pearson

Mailing Address 4514 W 72nd Street

City Prairie Village	State KS	Zip Code 66208
-------------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Administrator (Ex)
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
576.93

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2016

Transaction ID : A2016-252673

Amount of Each Receipt this Period
192.31

Memo Item

Full Name (Last, First, Middle Initial)
C. Mr. William L Pegler

Mailing Address 4714 Gettysburg Road

City Mechanicsburg	State PA	Zip Code 17055
-----------------------	-------------	-------------------

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

Name of Employer Select Medical Corporation	Occupation Vice President, Operations (Ex) - 0
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
230.78

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	29	/	2016

Transaction ID : A2016-51103

Amount of Each Receipt this Period
115.39

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. William L Pegler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4714 Gettysburg Road
 City Mechanicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President, Operations (Ex) - 0
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252714
 Amount of Each Receipt this Period
 115.39
 Memo Item

B. Mr. Brian R Rusignuolo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 384.62

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : A2016-51072
 Amount of Each Receipt this Period
 192.31
 Memo Item

C. Mr. Brian R Rusignuolo
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Senior Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.93

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2016
Transaction ID : A2016-252683
 Amount of Each Receipt this Period
 192.31
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.01
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Jeffrey J Ruskan
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Beechwood Drive
 City Richmond State VA Zip Code 23229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.79**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252684
 Amount of Each Receipt this Period **76.93**
 Memo Item

B. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51074
 Amount of Each Receipt this Period **115.39**
 Memo Item

C. Ms. Megan P Schmidt
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Lake Village Court
 City Johnson City State TN Zip Code 37601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Regional President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **346.17**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252685
 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)	PAGE 29 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51076
 Amount of Each Receipt this Period **115.39**
 Memo Item

B. Mrs. Gloria J Skinner
 Full Name (Last, First, Middle Initial)
 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 Select Medical Corporation Occupation Chief Nursing Officer (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **346.17**

Date of Receipt **02 / 12 / 2016**
Transaction ID : A2016-252687
 Amount of Each Receipt this Period **115.39**
 Memo Item

C. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.78**

Date of Receipt **01 / 29 / 2016**
Transaction ID : A2016-51075
 Amount of Each Receipt this Period **115.39**
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Jon C Skinner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2524 Matterhorn Ln
 City Flower Mound State TX Zip Code 75022-7879
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252686
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. John J St. Leger
 Full Name (Last, First, Middle Initial)
 Mailing Address 634 Blue Ridge Road
 City Pittsburgh State PA Zip Code 15239
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252691
 Amount of Each Receipt this Period 76.93
 Memo Item

C. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51106
 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)	PAGE 31 OF 37
	<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. Justin E Stover
 Full Name (Last, First, Middle Initial)
 Mailing Address 1619 Fox Follow Raod
 City Mechicsburg State PA Zip Code 17055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252717
 Amount of Each Receipt this Period 115.39
 Memo Item

B. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51085
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Thomas N Therout
 Full Name (Last, First, Middle Initial)
 Mailing Address 10240 Madison
 City Omaha State NE Zip Code 68127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252696
 Amount of Each Receipt this Period 115.39
 Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 37
	<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. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.78**

Date of Receipt **01 / 29 / 2016**

Transaction ID : A2016-51104

Amount of Each Receipt this Period **115.39**

Memo Item

B. Mr. Patrick W Tuer
Full Name (Last, First, Middle Initial)

Mailing Address 4321 Fir Street

City East Chicago State IN Zip Code 46312

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

Name of Employer Select Medical Corporation Occupation CEO/Administrator (Ex) - 001

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **346.17**

Date of Receipt **02 / 12 / 2016**

Transaction ID : A2016-252715

Amount of Each Receipt this Period **115.39**

Memo Item

C. Mr. Timothy C Wadman
Full Name (Last, First, Middle Initial)

Mailing Address 204 Babbling Brook Drive

City Saint Charles State MO Zip Code 63303

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

Name of Employer Select Medical Corporation Occupation Administrator (Ex)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **230.79**

Date of Receipt **02 / 12 / 2016**

Transaction ID : A2016-252700

Amount of Each Receipt this Period **76.93**

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)	PAGE 33 OF 37
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

A. Mr. Frank J Weber
 Full Name (Last, First, Middle Initial)
 Mailing Address 456 Sorrel Lane
 City Milton State WV Zip Code 25541
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Administrator (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.79

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252703
 Amount of Each Receipt this Period 76.93
 Memo Item

B. Mr. Brian J Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.78

Date of Receipt 01 / 29 / 2016
Transaction ID : A2016-51094
 Amount of Each Receipt this Period 115.39
 Memo Item

C. Mr. Brian J Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 9670 Rod Road
 City Alpharetta State GA Zip Code 30022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Select Medical Corporation Occupation Vice President (Ex)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 346.17

Date of Receipt 02 / 12 / 2016
Transaction ID : A2016-252705
 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)	PAGE 34 OF 37
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial) A. Ms. Coleen Zimmerman			Date of Receipt MM / DD / YYYY 02 / 12 / 2016		
Mailing Address 3804 Bohler Road			Transaction ID : A2016-252707		
City Appling	State GA	Zip Code 30802	Amount of Each Receipt this Period 76.93		
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item			
Name of Employer Select Medical Corporation		Occupation Administrator (Ex)			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.79			

Full Name (Last, First, Middle Initial) B.			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

Full Name (Last, First, Middle Initial) C.			Date of Receipt MM / DD / YYYY		
Mailing Address			Amount of Each Receipt this Period		
City	State	Zip Code	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C					
Name of Employer		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼			

SUBTOTAL of Receipts This Page (optional).....▶	76.93
TOTAL This Period (last page this line number only).....▶	16923.45

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Vote to Elect Republicans Now PAC

Mailing Address 22780 Indidan Creek Drive
Ste 100

City Dulles State VA Zip Code 20166

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

/ /

Transaction ID : B593568

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Lynn Jenkins for Congress

Mailing Address P.O. Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Lynn Jenkins

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

/ /

Transaction ID : B595251

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Rob Portman

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

/ /

Transaction ID : B594792

Amount of Each Disbursement this Period

Memo Item

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

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Select Medical Corporation PAC

Full Name (Last, First, Middle Initial)

A. Portman for Senate Committee

Mailing Address 9856 Archer Lane

City Dublin State OH Zip Code 43017

Purpose of Disbursement
Contribution

011

Candidate Name

Rob Portman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
02 / 18 / 2016

Transaction ID : B594793

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America Today PAC

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : B592465

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Toomey Pennsylvania Victory Fund

Mailing Address 228 S Washington St
Ste 115

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼
Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 12 / 2016

Transaction ID : B592466

Amount of Each Disbursement this Period

5000.00

Memo Item

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

15000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than 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 (Last, First, Middle Initial)

A. Ryan Costello for Congress

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381

Purpose of Disbursement Contribution

011

Candidate Name

Ryan Costello

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY
02 / 01 / 2016

Transaction ID : B593413

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Team Ryan

Mailing Address 824 S Milledge Ave Ste 101

City Athens State GA Zip Code 30605

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼ Not Applicable

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 04 / 2016

Transaction ID : B593871

Amount of Each Disbursement this Period

15000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Duffy for Congress

Mailing Address PO Box 538

City Wausau State WI Zip Code 54402

Purpose of Disbursement Contribution

011

Candidate Name

Sean Duffy

Category/Type

Office Sought: House Senate President

Disbursement For: 2016 Primary General Other (specify) ▼

State: WI District: 07

Date of Disbursement

MM / DD / YYYY
02 / 11 / 2016

Transaction ID : B594266

Amount of Each Disbursement this Period

1000.00

Memo Item

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

21000.00

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

47000.00