

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

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="2015"/>	<input type="text" value="23421.35"/>	<input type="text" value="23421.35"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19743.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6502.22"/>	<input type="text" value="80109.74"/>
(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="26246.20"/>	<input type="text" value="103531.09"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="77284.89"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="26246.20"/>	<input type="text" value="26246.20"/>
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)

Page 3

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

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

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).....	6034.65	55455.83
(ii) Unitemized	467.57	19653.91
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6502.22	75109.74
(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)	6502.22	75109.74
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	5000.00
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))..... ▶	6502.22	80109.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	6502.22	80109.74

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.....	0.00	76000.00
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	30.00
(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	30.00
29. Other Disbursements	0.00	1254.89
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)) ..	0.00	77284.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	77284.89

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)	6502.22	75109.74
34. Total Contribution Refunds (from Line 28(d))	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6502.22	75079.74
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

**SCHEDULE 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 6 OF 81
<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)
HealthSouth Corporation Political Action Committee

A. Steven Charles Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Louanis Drive
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23199
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20, 2 weeks)

B. Steven Charles Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Louanis Drive
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23296
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20, 2 weeks)

C. Steven Charles Adams
 Full Name (Last, First, Middle Initial)
 Mailing Address 37 Louanis Drive
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional Marketing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23394
 Amount of Each Receipt this Period **20.00**
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Steven L. Alwine
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Marlow Drive
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **490.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23200
 Amount of Each Receipt this Period **10.00**
 Payroll Deduction (\$10, 2 weeks)

B. Steven L. Alwine
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Marlow Drive
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23297
 Amount of Each Receipt this Period **10.00**
 Payroll Deduction (\$10, 2 weeks)

C. Steven L. Alwine
 Full Name (Last, First, Middle Initial)
 Mailing Address 635 Marlow Drive
 City York State PA Zip Code 17402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23395
 Amount of Each Receipt this Period **10.00**
 Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE 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 8 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Tony Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 3108 Preserve Rookery Boulevard

City	State	Zip Code
Panama City Beach	FL	32408

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 / /
Transaction ID : SA11AI.23204

Amount of Each Receipt this Period

Payroll Deduction (\$20, 2 weeks)

B. Tony Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 3108 Preserve Rookery Boulevard

City	State	Zip Code
Panama City Beach	FL	32408

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 / /
Transaction ID : SA11AI.23301

Amount of Each Receipt this Period

Payroll Deduction (\$20, 2 weeks)

C. Tony Bennett
Full Name (Last, First, Middle Initial)

Mailing Address 3108 Preserve Rookery Boulevard

City	State	Zip Code
Panama City Beach	FL	32408

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 / /
Transaction ID : SA11AI.23399

Amount of Each Receipt this Period

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="60.00"/>
TOTAL This Period (last page this line number only).....	<input type="text"/>

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. David Berry
Full Name (Last, First, Middle Initial)

Mailing Address 175 Central Street

City North Reading State MA Zip Code 01864

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23205

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

B. David Berry
Full Name (Last, First, Middle Initial)

Mailing Address 175 Central Street

City North Reading State MA Zip Code 01864

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23302

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

C. David Berry
Full Name (Last, First, Middle Initial)

Mailing Address 175 Central Street

City North Reading State MA Zip Code 01864

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23400

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Gretchin P. Bitner
Full Name (Last, First, Middle Initial)
Mailing Address 20421 Anchor Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Therapy Operations Director
---------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23206

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

B. Gretchin P. Bitner
Full Name (Last, First, Middle Initial)
Mailing Address 20421 Anchor Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Therapy Operations Director
---------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23303

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

C. Gretchin P. Bitner
Full Name (Last, First, Middle Initial)
Mailing Address 20421 Anchor Circle

City Huntington Beach	State CA	Zip Code 92646
--------------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Therapy Operations Director
---------------------------------------------	-------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23402

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Marcus John Braz
Full Name (Last, First, Middle Initial)

Mailing Address 8291 Deerbrook Circle

City Sarasota State FL Zip Code 34238

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23207

Amount of Each Receipt this Period
25.00

Payroll Deduction (\$25, 2 weeks)

B. Marcus John Braz
Full Name (Last, First, Middle Initial)

Mailing Address 8291 Deerbrook Circle

City Sarasota State FL Zip Code 34238

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **565.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23304

Amount of Each Receipt this Period
25.00

Payroll Deduction (\$25, 2 weeks)

C. Marcus John Braz
Full Name (Last, First, Middle Initial)

Mailing Address 8291 Deerbrook Circle

City Sarasota State FL Zip Code 34238

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **590.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23403

Amount of Each Receipt this Period
25.00

Payroll Deduction (\$25, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

**SCHEDULE 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 81
<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)
HealthSouth Corporation Political Action Committee

A. Jennifer Brewer
Full Name (Last, First, Middle Initial)
Mailing Address 5030 Iroquois Drive

City Frisco	State TX	Zip Code 75034
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23208

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

B. Jennifer Brewer
Full Name (Last, First, Middle Initial)
Mailing Address 5030 Iroquois Drive

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23305

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

C. Jennifer Brewer
Full Name (Last, First, Middle Initial)
Mailing Address 5030 Iroquois Drive

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23404

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	60.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Frank Brown, Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 24507 Old Windmill Trail

City Hockley	State TX	Zip Code 77447
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Regional President
---------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23209

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

B. Frank Brown, Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 24507 Old Windmill Trail

City Hockley	State TX	Zip Code 77447
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Regional President
---------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23306

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

C. Frank Brown, Jr.
Full Name (Last, First, Middle Initial)
Mailing Address 24507 Old Windmill Trail

City Hockley	State TX	Zip Code 77447
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Regional President
---------------------------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23405

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Terrence Brown
Full Name (Last, First, Middle Initial)
Mailing Address 5217 Meadow Garden Lane

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Regional Operations Vice President
---------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23210

Amount of Each Receipt this Period
19.00

Payroll Deduction (\$19, 2 weeks)

B. Terrence Brown
Full Name (Last, First, Middle Initial)
Mailing Address 5217 Meadow Garden Lane

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Regional Operations Vice President
---------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23307

Amount of Each Receipt this Period
19.00

Payroll Deduction (\$19, 2 weeks)

C. Terrence Brown
Full Name (Last, First, Middle Initial)
Mailing Address 5217 Meadow Garden Lane

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Regional Operations Vice President
---------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
494.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23406

Amount of Each Receipt this Period
19.00

Payroll Deduction (\$19, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	57.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
<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)
HealthSouth Corporation Political Action Committee

A. Phylis A. Buck
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6939

City Texarkana	State TX	Zip Code 75505
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23211

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

B. Phylis A. Buck
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6939

City Texarkana	State TX	Zip Code 75505
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23308

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

C. Phylis A. Buck
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6939

City Texarkana	State TX	Zip Code 75505
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23407

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 16 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Luanne B. Burton
Full Name (Last, First, Middle Initial)

Mailing Address 136 Providence Road

City Leesville	State SC	Zip Code 29070
-------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Human Resources Director
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23212

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Luanne B. Burton
Full Name (Last, First, Middle Initial)

Mailing Address 136 Providence Road

City Leesville	State SC	Zip Code 29070
-------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Human Resources Director
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23309

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Luanne B. Burton
Full Name (Last, First, Middle Initial)

Mailing Address 136 Providence Road

City Leesville	State SC	Zip Code 29070
-------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Human Resources Director
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23408

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Charles Richard Byrd III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Ridgcrest Road
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Real Estate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **576.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11Al.23213
 Amount of Each Receipt this Period **24.00**
 Payroll Deduction (\$24, 2 weeks)

B. Charles Richard Byrd III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Ridgcrest Road
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Real Estate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11Al.23310
 Amount of Each Receipt this Period **24.00**
 Payroll Deduction (\$24, 2 weeks)

C. Charles Richard Byrd III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Ridgcrest Road
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Real Estate Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11Al.23409
 Amount of Each Receipt this Period **24.00**
 Payroll Deduction (\$24, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	72.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Mary H. Clarke
Full Name (Last, First, Middle Initial)
Mailing Address 775 Williamsburg Drive

City	State	Zip Code
Brick	NJ	08724

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

Name of Employer	Occupation
HealthSouth Corporation	Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23214

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Mary H. Clarke
Full Name (Last, First, Middle Initial)
Mailing Address 775 Williamsburg Drive

City	State	Zip Code
Brick	NJ	08724

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

Name of Employer	Occupation
HealthSouth Corporation	Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23311

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

c. Mary H. Clarke
Full Name (Last, First, Middle Initial)
Mailing Address 775 Williamsburg Drive

City	State	Zip Code
Brick	NJ	08724

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

Name of Employer	Occupation
HealthSouth Corporation	Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23410

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Georgeanne Cole

Mailing Address **PO Box 8341**

City Gray	State TN	Zip Code 37615
---------------------	--------------------	--------------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
----------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23215

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Georgeanne Cole

Mailing Address **PO Box 8341**

City Gray	State TN	Zip Code 37615
---------------------	--------------------	--------------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
----------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23312

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Georgeanne Cole

Mailing Address **PO Box 8341**

City Gray	State TN	Zip Code 37615
---------------------	--------------------	--------------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
----------------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23411

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 20 OF 81
<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)
HealthSouth Corporation Political Action Committee

A. Kevin R. Conn
Full Name (Last, First, Middle Initial)
Mailing Address 6192 NW 88th Avenue
City Parkland State FL Zip Code 33067
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Regional Operations Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **480.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23216
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20, 2 weeks)

B. Kevin R. Conn
Full Name (Last, First, Middle Initial)
Mailing Address 6192 NW 88th Avenue
City Parkland State FL Zip Code 33067
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Regional Operations Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **500.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23313
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20, 2 weeks)

C. Kevin R. Conn
Full Name (Last, First, Middle Initial)
Mailing Address 6192 NW 88th Avenue
City Parkland State FL Zip Code 33067
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Regional Operations Vice President
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **520.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23412
Amount of Each Receipt this Period **20.00**
Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **60.00**
TOTAL This Period (last page this line number only).....

SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Catherine V. Devaney
Full Name (Last, First, Middle Initial)

Mailing Address 19 Buckingham Drive

City Bow State NH Zip Code 03304

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23220

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

B. Catherine V. Devaney
Full Name (Last, First, Middle Initial)

Mailing Address 19 Buckingham Drive

City Bow State NH Zip Code 03304

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23317

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

C. Catherine V. Devaney
Full Name (Last, First, Middle Initial)

Mailing Address 19 Buckingham Drive

City Bow State NH Zip Code 03304

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23416

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Edmund M. Fay
Full Name (Last, First, Middle Initial)

Mailing Address 527 Valley Road

City Birmingham State AL Zip Code 35206

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

Name of Employer HealthSouth Corporation Occupation Senior Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1992.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11Al.23223

Amount of Each Receipt this Period 83.00

Payroll Deduction (\$83, 2 weeks)

B. Edmund M. Fay
Full Name (Last, First, Middle Initial)

Mailing Address 527 Valley Road

City Birmingham State AL Zip Code 35206

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

Name of Employer HealthSouth Corporation Occupation Senior Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2075.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11Al.23320

Amount of Each Receipt this Period 83.00

Payroll Deduction (\$83, 2 weeks)

C. Edmund M. Fay
Full Name (Last, First, Middle Initial)

Mailing Address 527 Valley Road

City Birmingham State AL Zip Code 35206

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

Name of Employer HealthSouth Corporation Occupation Senior Vice President and Treasurer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2158.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11Al.23420

Amount of Each Receipt this Period 83.00

Payroll Deduction (\$83, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ 249.00

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

SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Tammy E. Feuer
Full Name (Last, First, Middle Initial)
Mailing Address 73 North Woodland Avenue

City Woodbury	State NJ	Zip Code 08096
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23224

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Tammy E. Feuer
Full Name (Last, First, Middle Initial)
Mailing Address 73 North Woodland Avenue

City Woodbury	State NJ	Zip Code 08096
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23321

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Tammy E. Feuer
Full Name (Last, First, Middle Initial)
Mailing Address 73 North Woodland Avenue

City Woodbury	State NJ	Zip Code 08096
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23421

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 24 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Scott A. Filler
Full Name (Last, First, Middle Initial)

Mailing Address 400 Ruskin Drive

City	State	Zip Code
Altoona	PA	16602

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23225

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Scott A. Filler
Full Name (Last, First, Middle Initial)

Mailing Address 400 Ruskin Drive

City	State	Zip Code
Altoona	PA	16602

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23322

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. Scott A. Filler
Full Name (Last, First, Middle Initial)

Mailing Address 400 Ruskin Drive

City	State	Zip Code
Altoona	PA	16602

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23422

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Mark K. Freeburn
Full Name (Last, First, Middle Initial)

Mailing Address 551 Windsor Drive

City Middletown State PA Zip Code 17057

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23226

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

B. Mark K. Freeburn
Full Name (Last, First, Middle Initial)

Mailing Address 551 Windsor Drive

City Middletown State PA Zip Code 17057

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23323

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

C. Mark K. Freeburn
Full Name (Last, First, Middle Initial)

Mailing Address 551 Windsor Drive

City Middletown State PA Zip Code 17057

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23423

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

**SCHEDULE 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 26 OF 81
	<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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Jerry Gray

Mailing Address 7130 East Saddleback Street
Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3094.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23228

Amount of Each Receipt this Period
56.00

Payroll Deduction (\$56, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Jerry Gray

Mailing Address 7130 East Saddleback Street
Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3150.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23325

Amount of Each Receipt this Period
56.00

Payroll Deduction (\$56, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Jerry Gray

Mailing Address 7130 East Saddleback Street
Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3206.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23425

Amount of Each Receipt this Period
56.00

Payroll Deduction (\$56, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	168.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Nicholas David Hardin
 Full Name (Last, First, Middle Initial)
 Mailing Address 24014 Clover Trails
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **456.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23230
 Amount of Each Receipt this Period **19.00**
 Payroll Deduction (\$19, 2 weeks)

B. Nicholas David Hardin
 Full Name (Last, First, Middle Initial)
 Mailing Address 24014 Clover Trails
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **475.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23327
 Amount of Each Receipt this Period **19.00**
 Payroll Deduction (\$19, 2 weeks)

C. Nicholas David Hardin
 Full Name (Last, First, Middle Initial)
 Mailing Address 24014 Clover Trails
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **494.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23428
 Amount of Each Receipt this Period **19.00**
 Payroll Deduction (\$19, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	57.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Kevin Hardy
Full Name (Last, First, Middle Initial)

Mailing Address 1230 Buckhead Drive SW

City Vero Beach State FL Zip Code 32968

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

Name of Employer HealthSouth Corporation Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.23231

Amount of Each Receipt this Period
 10.00

Payroll Deduction (\$10, 2 weeks)

B. Kevin Hardy
Full Name (Last, First, Middle Initial)

Mailing Address 1230 Buckhead Drive SW

City Vero Beach State FL Zip Code 32968

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

Name of Employer HealthSouth Corporation Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.23328

Amount of Each Receipt this Period
 10.00

Payroll Deduction (\$10, 2 weeks)

C. Kevin Hardy
Full Name (Last, First, Middle Initial)

Mailing Address 1230 Buckhead Drive SW

City Vero Beach State FL Zip Code 32968

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

Name of Employer HealthSouth Corporation Occupation Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.23429

Amount of Each Receipt this Period
 10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Gary Herbek
Full Name (Last, First, Middle Initial)

Mailing Address 11565 Hopyard Drive

City King George State VA Zip Code 22485

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23233

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

B. Gary Herbek
Full Name (Last, First, Middle Initial)

Mailing Address 11565 Hopyard Drive

City King George State VA Zip Code 22485

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23330

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

C. Gary Herbek
Full Name (Last, First, Middle Initial)

Mailing Address 11565 Hopyard Drive

City King George State VA Zip Code 22485

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23431

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **30.00**

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

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. William Bernard House III		Date of Receipt
Mailing Address 1739 Lake Cyrus Club Drive		<input type="text" value="12"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City Hoover State AL Zip Code 35244		Transaction ID : SA11AI.23235
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer HealthSouth Corporation Occupation Regional Controller		Payroll Deduction (\$25, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1075.00"/>

Full Name (Last, First, Middle Initial) B. William Bernard House III		Date of Receipt
Mailing Address 1739 Lake Cyrus Club Drive		<input type="text" value="12"/> / <input type="text" value="11"/> / <input type="text" value="2015"/>
City Hoover State AL Zip Code 35244		Transaction ID : SA11AI.23332
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer HealthSouth Corporation Occupation Regional Controller		Payroll Deduction (\$25, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>

Full Name (Last, First, Middle Initial) C. William Bernard House III		Date of Receipt
Mailing Address 1739 Lake Cyrus Club Drive		<input type="text" value="12"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City Hoover State AL Zip Code 35244		Transaction ID : SA11AI.23433
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer HealthSouth Corporation Occupation Regional Controller		Payroll Deduction (\$25, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="1125.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="75.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Justin Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 5221 42nd Street NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Public Policy, Legislation & Regulatio
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23236

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

B. Justin Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 5221 42nd Street NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Public Policy, Legislation & Regulatio
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23333

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

C. Justin Hunter
Full Name (Last, First, Middle Initial)

Mailing Address 5221 42nd Street NW

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Public Policy, Legislation & Regulatio
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23434

Amount of Each Receipt this Period

40.00

Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. W. Anthony Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 516 Upper Trail

City Blythewood State SC Zip Code 29016

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23237

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

B. W. Anthony Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 516 Upper Trail

City Blythewood State SC Zip Code 29016

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23334

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

C. W. Anthony Jackson
Full Name (Last, First, Middle Initial)

Mailing Address 516 Upper Trail

City Blythewood State SC Zip Code 29016

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23435

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **75.00**

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

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Barbara A. Jacobsmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Herman's Lake Court
 City Florissant State MO Zip Code 63034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11AI.23238
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40, 2 weeks)

B. Barbara A. Jacobsmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Herman's Lake Court
 City Florissant State MO Zip Code 63034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11AI.23335
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40, 2 weeks)

C. Barbara A. Jacobsmeyer
 Full Name (Last, First, Middle Initial)
 Mailing Address 3908 Herman's Lake Court
 City Florissant State MO Zip Code 63034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.23436
 Amount of Each Receipt this Period 40.00
 Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 81
	<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)
HealthSouth Corporation Political Action Committee

A. Gregory M. Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 840 Gardener Road

City Rockledge State FL Zip Code 32955

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23239

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

B. Gregory M. Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 840 Gardener Road

City Rockledge State FL Zip Code 32955

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23336

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

C. Gregory M. Johnston
Full Name (Last, First, Middle Initial)

Mailing Address 840 Gardener Road

City Rockledge State FL Zip Code 32955

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23437

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**

TOTAL This Period (last page this line 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 35 OF 81
(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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Leslie Jones

Mailing Address 3001 East Chestnut Avenue
Unit G 64

City Vineland State NJ Zip Code 08361

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23240

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Leslie Jones

Mailing Address 3001 East Chestnut Avenue
Unit G 64

City Vineland State NJ Zip Code 08361

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23337

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Leslie Jones

Mailing Address 3001 East Chestnut Avenue
Unit G 64

City Vineland State NJ Zip Code 08361

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

Name of Employer HealthSouth Corporation Occupation Marketing Operations Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23438

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

TOTAL This Period (last page this line 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 36 OF 81
(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)
HealthSouth Corporation Political Action Committee

A. Jill Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 443 Lee Road 2099

City Phenix City	State AL	Zip Code 36870
---------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23241

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Jill Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 443 Lee Road 2099

City Phenix City	State AL	Zip Code 36870
---------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23338

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Jill Jordan
Full Name (Last, First, Middle Initial)
Mailing Address 443 Lee Road 2099

City Phenix City	State AL	Zip Code 36870
---------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23439

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 37 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert Bradford Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 359 Compton Road

City Cincinnati State OH Zip Code 45215

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23242

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

B. Robert Bradford Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 359 Compton Road

City Cincinnati State OH Zip Code 45215

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23339

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

C. Robert Bradford Kennedy
Full Name (Last, First, Middle Initial)

Mailing Address 359 Compton Road

City Cincinnati State OH Zip Code 45215

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23440

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

**SCHEDULE 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 38 OF 81
<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)
HealthSouth Corporation Political Action Committee

A. Mike Kindle
Full Name (Last, First, Middle Initial)
Mailing Address 828 Aberlady Place

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Information Technology Vice President
---------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23243

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

B. Mike Kindle
Full Name (Last, First, Middle Initial)
Mailing Address 828 Aberlady Place

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Information Technology Vice President
---------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23340

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

C. Mike Kindle
Full Name (Last, First, Middle Initial)
Mailing Address 828 Aberlady Place

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Information Technology Vice President
---------------------------------------------	-----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **988.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23442

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	114.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 39 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. James D. Kirkland
Full Name (Last, First, Middle Initial)

Mailing Address 25 County Road 1060

City Clanton	State AL	Zip Code 35045
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Print Services Director
---------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23244

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. James D. Kirkland
Full Name (Last, First, Middle Initial)

Mailing Address 25 County Road 1060

City Clanton	State AL	Zip Code 35045
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Print Services Director
---------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23341

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. James D. Kirkland
Full Name (Last, First, Middle Initial)

Mailing Address 25 County Road 1060

City Clanton	State AL	Zip Code 35045
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Print Services Director
---------------------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23443

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 40 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. David Klementz
Full Name (Last, First, Middle Initial)

Mailing Address 808 Parkview Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Operations Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1392.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23245

Amount of Each Receipt this Period **58.00**

Payroll Deduction (\$58, 2 weeks)

B. David Klementz
Full Name (Last, First, Middle Initial)

Mailing Address 808 Parkview Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Operations Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1450.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23342

Amount of Each Receipt this Period **58.00**

Payroll Deduction (\$58, 2 weeks)

C. David Klementz
Full Name (Last, First, Middle Initial)

Mailing Address 808 Parkview Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Operations Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1508.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23444

Amount of Each Receipt this Period **58.00**

Payroll Deduction (\$58, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **174.00**

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

**SCHEDULE 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 41 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert Kronenberg
Full Name (Last, First, Middle Initial)

Mailing Address 8743 West Tierra Buena Lane

City	State	Zip Code
Peoria	AZ	85382

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

Name of Employer	Occupation
HealthSouth Corporation	Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23246

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Robert Kronenberg
Full Name (Last, First, Middle Initial)

Mailing Address 8743 West Tierra Buena Lane

City	State	Zip Code
Peoria	AZ	85382

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

Name of Employer	Occupation
HealthSouth Corporation	Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23343

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. Robert Kronenberg
Full Name (Last, First, Middle Initial)

Mailing Address 8743 West Tierra Buena Lane

City	State	Zip Code
Peoria	AZ	85382

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

Name of Employer	Occupation
HealthSouth Corporation	Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23445

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 42 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Leah Anne Laffey
Full Name (Last, First, Middle Initial)

Mailing Address 801 Elm Spring Road

City Pittsburgh State PA Zip Code 15243

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **588.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23247

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

B. Leah Anne Laffey
Full Name (Last, First, Middle Initial)

Mailing Address 801 Elm Spring Road

City Pittsburgh State PA Zip Code 15243

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23344

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

C. Leah Anne Laffey
Full Name (Last, First, Middle Initial)

Mailing Address 801 Elm Spring Road

City Pittsburgh State PA Zip Code 15243

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **612.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23446

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	36.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 43 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Stephen D. Leasure
Full Name (Last, First, Middle Initial)
Mailing Address 675 Shades Crest Road

City Hoover	State AL	Zip Code 35226
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Senior Associate General Counsel
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23248

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Stephen D. Leasure
Full Name (Last, First, Middle Initial)
Mailing Address 675 Shades Crest Road

City Hoover	State AL	Zip Code 35226
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Senior Associate General Counsel
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23345

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. Stephen D. Leasure
Full Name (Last, First, Middle Initial)
Mailing Address 675 Shades Crest Road

City Hoover	State AL	Zip Code 35226
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Senior Associate General Counsel
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23449

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 44 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Carol Lynne Lee
Full Name (Last, First, Middle Initial)

Mailing Address 2217 2nd Ave North

City Birmingham State AL Zip Code 35203

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

Name of Employer HealthSouth Corporation Occupation National Risk Management Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23249

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

B. Carol Lynne Lee
Full Name (Last, First, Middle Initial)

Mailing Address 2217 2nd Ave North

City Birmingham State AL Zip Code 35203

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

Name of Employer HealthSouth Corporation Occupation National Risk Management Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23346

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

C. Carol Lynne Lee
Full Name (Last, First, Middle Initial)

Mailing Address 2217 2nd Ave North

City Birmingham State AL Zip Code 35203

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

Name of Employer HealthSouth Corporation Occupation National Risk Management Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23450

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

**SCHEDULE 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 45 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert Eugene Leech
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Milner Way

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation National Home Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23250

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30, 2 weeks)

B. Robert Eugene Leech
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Milner Way

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation National Home Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23347

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30, 2 weeks)

C. Robert Eugene Leech
Full Name (Last, First, Middle Initial)

Mailing Address 4032 Milner Way

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation National Home Health Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **780.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23451

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **90.00**

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

**SCHEDULE 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 46 OF 81
	<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	

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

NAME OF COMMITTEE (In Full)
HealthSouth Corporation Political Action Committee

A. Phillip E. Loggins
Full Name (Last, First, Middle Initial)

Mailing Address 5022 McLaughlin Drive

City Tallahassee State FL Zip Code 32309

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

Name of Employer HealthSouth Corporation Occupation Regional Quality/Risk Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23251

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

B. Phillip E. Loggins
Full Name (Last, First, Middle Initial)

Mailing Address 5022 McLaughlin Drive

City Tallahassee State FL Zip Code 32309

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

Name of Employer HealthSouth Corporation Occupation Regional Quality/Risk Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23348

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

C. Phillip E. Loggins
Full Name (Last, First, Middle Initial)

Mailing Address 5022 McLaughlin Drive

City Tallahassee State FL Zip Code 32309

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

Name of Employer HealthSouth Corporation Occupation Regional Quality/Risk Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23452

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **45.00**

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

**SCHEDULE 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 47 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert Warren McCallum III
Full Name (Last, First, Middle Initial)

Mailing Address 3405 Watertown Place

City Vestavia Hills State AL Zip Code 35243

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

Name of Employer HealthSouth Corproation Occupation Chief Tax Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : **SA11AI.23252**

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

B. Robert Warren McCallum III
Full Name (Last, First, Middle Initial)

Mailing Address 3405 Watertown Place

City Vestavia Hills State AL Zip Code 35243

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

Name of Employer HealthSouth Corproation Occupation Chief Tax Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : **SA11AI.23349**

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

C. Robert Warren McCallum III
Full Name (Last, First, Middle Initial)

Mailing Address 3405 Watertown Place

City Vestavia Hills State AL Zip Code 35243

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

Name of Employer HealthSouth Corproation Occupation Chief Tax Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **988.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : **SA11AI.23453**

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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

**SCHEDULE 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 48 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Denise B. McGrath
Full Name (Last, First, Middle Initial)

Mailing Address 222 River Walk Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer HealthSouth Corporation Occupation Hopsital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23253

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

B. Denise B. McGrath
Full Name (Last, First, Middle Initial)

Mailing Address 222 River Walk Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer HealthSouth Corporation Occupation Hopsital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23350

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

C. Denise B. McGrath
Full Name (Last, First, Middle Initial)

Mailing Address 222 River Walk Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer HealthSouth Corporation Occupation Hopsital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23454

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **45.00**

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

**SCHEDULE 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 49 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Matthew A. McGuire
Full Name (Last, First, Middle Initial)

Mailing Address 8470 Carrington Lakes Cove

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Information Technology Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11Al.23254

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Matthew A. McGuire
Full Name (Last, First, Middle Initial)

Mailing Address 8470 Carrington Lakes Cove

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Information Technology Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11Al.23351

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Matthew A. McGuire
Full Name (Last, First, Middle Initial)

Mailing Address 8470 Carrington Lakes Cove

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Information Technology Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11Al.23455

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 50 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Monnie Moore
Full Name (Last, First, Middle Initial)
Mailing Address 904 Southpoint Circle

City Morgantown	State WV	Zip Code 26501
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Pharmacy Director
---------------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23255

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Monnie Moore
Full Name (Last, First, Middle Initial)
Mailing Address 904 Southpoint Circle

City Morgantown	State WV	Zip Code 26501
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Pharmacy Director
---------------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23352

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Monnie Moore
Full Name (Last, First, Middle Initial)
Mailing Address 904 Southpoint Circle

City Morgantown	State WV	Zip Code 26501
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Pharmacy Director
---------------------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23456

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 51 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Wanda Morales
Full Name (Last, First, Middle Initial)
Mailing Address 309 Chapelwood Drive

City Dothan	State AL	Zip Code 36303
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Quality/Risk Director
---------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23256

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

B. Wanda Morales
Full Name (Last, First, Middle Initial)
Mailing Address 309 Chapelwood Drive

City Dothan	State AL	Zip Code 36303
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Quality/Risk Director
---------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23353

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

C. Wanda Morales
Full Name (Last, First, Middle Initial)
Mailing Address 309 Chapelwood Drive

City Dothan	State AL	Zip Code 36303
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Quality/Risk Director
---------------------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23457

Amount of Each Receipt this Period

20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 52 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Ed M. Mowen
Full Name (Last, First, Middle Initial)

Mailing Address 8613 Highlands Drive

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23257

Amount of Each Receipt this Period
100.00

Payroll Deduction (\$100, 2 weeks)

B. Ed M. Mowen
Full Name (Last, First, Middle Initial)

Mailing Address 8613 Highlands Drive

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23354

Amount of Each Receipt this Period
100.00

Payroll Deduction (\$100, 2 weeks)

C. Ed M. Mowen
Full Name (Last, First, Middle Initial)

Mailing Address 8613 Highlands Drive

City Trussville State AL Zip Code 35173

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2600.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23458

Amount of Each Receipt this Period
100.00

Payroll Deduction (\$100, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line 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 53 OF 81
(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)
HealthSouth Corporation Political Action Committee

A. Lori Munyan
Full Name (Last, First, Middle Initial)
Mailing Address 1799 Slocum Avenue
City Wall State NJ Zip Code 07719
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Human Resources Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23258
Amount of Each Receipt this Period **10.00**
Payroll Deduction (\$10, 2 weeks)

B. Lori Munyan
Full Name (Last, First, Middle Initial)
Mailing Address 1799 Slocum Avenue
City Wall State NJ Zip Code 07719
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Human Resources Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23355
Amount of Each Receipt this Period **10.00**
Payroll Deduction (\$10, 2 weeks)

C. Lori Munyan
Full Name (Last, First, Middle Initial)
Mailing Address 1799 Slocum Avenue
City Wall State NJ Zip Code 07719
FEC ID number of contributing federal political committee. **C**
Name of Employer HealthSouth Corporation Occupation Human Resources Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23459
Amount of Each Receipt this Period **10.00**
Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**
TOTAL This Period (last page this line 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 54 OF 81
(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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Sandra W. Murvin

Mailing Address 2858 Canterbury Road

City Birmingham	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Deputy General Counsel
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
960.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23259

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Sandra W. Murvin

Mailing Address 2858 Canterbury Road

City Birmingham	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Deputy General Counsel
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23356

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Sandra W. Murvin

Mailing Address 2858 Canterbury Road

City Birmingham	State AL	Zip Code 35223
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Deputy General Counsel
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23460

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	120.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 55 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Patrici Ostaszewski
Full Name (Last, First, Middle Initial)

Mailing Address 54 Bay Way

City State Zip Code
Brick NJ 08723

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

Name of Employer Occupation
HealthSouth Corporation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
720.00

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23260

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30, 2 weeks)

B. Patrici Ostaszewski
Full Name (Last, First, Middle Initial)

Mailing Address 54 Bay Way

City State Zip Code
Brick NJ 08723

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

Name of Employer Occupation
HealthSouth Corporation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23357

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30, 2 weeks)

C. Patrici Ostaszewski
Full Name (Last, First, Middle Initial)

Mailing Address 54 Bay Way

City State Zip Code
Brick NJ 08723

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

Name of Employer Occupation
HealthSouth Corporation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23461

Amount of Each Receipt this Period
30.00

Payroll Deduction (\$30, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ 90.00

TOTAL This Period (last page this line 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 56 OF 81
(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
-----------------------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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

NAME OF COMMITTEE (In Full)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dawn S. Pearson

Mailing Address 22 Linda Lane

City Egg Harbor Township State NJ Zip Code 08234

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

Name of Employer HealthSouth Corporation Occupation Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23261

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Dawn S. Pearson

Mailing Address 22 Linda Lane

City Egg Harbor Township State NJ Zip Code 08234

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

Name of Employer HealthSouth Corporation Occupation Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23358

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Dawn S. Pearson

Mailing Address 22 Linda Lane

City Egg Harbor Township State NJ Zip Code 08234

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

Name of Employer HealthSouth Corporation Occupation Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23462

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

**SCHEDULE 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 57 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Troy G. Powell
Full Name (Last, First, Middle Initial)
Mailing Address 103 History Lane

City Summerville	State SC	Zip Code 29485
---------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23263

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Troy G. Powell
Full Name (Last, First, Middle Initial)
Mailing Address 103 History Lane

City Summerville	State SC	Zip Code 29485
---------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23360

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Troy G. Powell
Full Name (Last, First, Middle Initial)
Mailing Address 103 History Lane

City Summerville	State SC	Zip Code 29485
---------------------	-------------	-------------------

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

Name of Employer Healthsouth Corporation	Occupation Hospital Administrator
---------------------------------------------	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23464

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 58 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. William W. Poynter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Berwick Road
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Talent Acquisition Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 12 / 04 / 2015
Transaction ID : SA11AI.23264
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20, 2 weeks)

B. William W. Poynter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Berwick Road
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Talent Acquisition Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2015
Transaction ID : SA11AI.23361
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20, 2 weeks)

C. William W. Poynter
 Full Name (Last, First, Middle Initial)
 Mailing Address 1202 Berwick Road
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation National Talent Acquisition Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 12 / 31 / 2015
Transaction ID : SA11AI.23465
 Amount of Each Receipt this Period 20.00
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	60.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 59 OF 81
<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)
HealthSouth Corporation Political Action Committee

A. Andrew L. Price
Full Name (Last, First, Middle Initial)
Mailing Address 72 Nolen Street

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Chief Accounting Officer
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1920.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23265

Amount of Each Receipt this Period
80.00

Payroll Deduction (\$80, 2 weeks)

B. Andrew L. Price
Full Name (Last, First, Middle Initial)
Mailing Address 72 Nolen Street

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Chief Accounting Officer
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23362

Amount of Each Receipt this Period
80.00

Payroll Deduction (\$80, 2 weeks)

C. Andrew L. Price
Full Name (Last, First, Middle Initial)
Mailing Address 72 Nolen Street

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Chief Accounting Officer
---------------------------------------------	----------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2080.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23466

Amount of Each Receipt this Period
80.00

Payroll Deduction (\$80, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 60 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert J. Rosene
Full Name (Last, First, Middle Initial)

Mailing Address 9747 West Vandeventor Drive

City Littleton State CO Zip Code 80128

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

Name of Employer HealthSouth Corporation Occupation Regional Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23266

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

B. Robert J. Rosene
Full Name (Last, First, Middle Initial)

Mailing Address 9747 West Vandeventor Drive

City Littleton State CO Zip Code 80128

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

Name of Employer HealthSouth Corporation Occupation Regional Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23363

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

C. Robert J. Rosene
Full Name (Last, First, Middle Initial)

Mailing Address 9747 West Vandeventor Drive

City Littleton State CO Zip Code 80128

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

Name of Employer HealthSouth Corporation Occupation Regional Human Resources Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23467

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 61 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Steve M. Santel
Full Name (Last, First, Middle Initial)

Mailing Address 12005 Wesford Drive

City Maryland Heights State MO Zip Code 63043

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23268

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

B. Steve M. Santel
Full Name (Last, First, Middle Initial)

Mailing Address 12005 Wesford Drive

City Maryland Heights State MO Zip Code 63043

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23365

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

C. Steve M. Santel
Full Name (Last, First, Middle Initial)

Mailing Address 12005 Wesford Drive

City Maryland Heights State MO Zip Code 63043

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

Name of Employer HealthSouth Corporation Occupation Regional Managed Care Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23469

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

**SCHEDULE 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 62 OF 81
<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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. Kathleen A. Shafer		Date of Receipt 12 / 04 / 2015 Transaction ID : SA11AI.23269
Mailing Address 1827 Sentry Oak Court		Amount of Each Receipt this Period 25.00
City Orange Park	State FL	Zip Code 32003
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Regional Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 515.00	

Full Name (Last, First, Middle Initial) B. Kathleen A. Shafer		Date of Receipt 12 / 11 / 2015 Transaction ID : SA11AI.23366
Mailing Address 1827 Sentry Oak Court		Amount of Each Receipt this Period 25.00
City Orange Park	State FL	Zip Code 32003
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Regional Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	

Full Name (Last, First, Middle Initial) C. Kathleen A. Shafer		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.23470
Mailing Address 1827 Sentry Oak Court		Amount of Each Receipt this Period 25.00
City Orange Park	State FL	Zip Code 32003
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$25, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Regional Chief Nursing Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 63 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Michele M. Skripps
Full Name (Last, First, Middle Initial)

Mailing Address 122 Pine Ridge Drive

City Belton State SC Zip Code 29627

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.23271

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

B. Michele M. Skripps
Full Name (Last, First, Middle Initial)

Mailing Address 122 Pine Ridge Drive

City Belton State SC Zip Code 29627

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.23368

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

C. Michele M. Skripps
Full Name (Last, First, Middle Initial)

Mailing Address 122 Pine Ridge Drive

City Belton State SC Zip Code 29627

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

Name of Employer HealthSouth Corporation Occupation Hospital Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.23472

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **60.00**

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

**SCHEDULE 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 64 OF 81
<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)
HealthSouth Corporation Political Action Committee

A. Lisa Smith
Full Name (Last, First, Middle Initial)
Mailing Address 130 Ashford Circle

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Internal Audit Director
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23272

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Lisa Smith
Full Name (Last, First, Middle Initial)
Mailing Address 130 Ashford Circle

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Internal Audit Director
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23369

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. Lisa Smith
Full Name (Last, First, Middle Initial)
Mailing Address 130 Ashford Circle

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Internal Audit Director
---------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23473

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 65 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Walter C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Broadway Street

City Birmingham State AL Zip Code 35209

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

Name of Employer HealthSouth Corporation Occupation State Regulatory Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11Al.23273

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

B. Walter C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Broadway Street

City Birmingham State AL Zip Code 35209

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

Name of Employer HealthSouth Corporation Occupation State Regulatory Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11Al.23370

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

C. Walter C. Smith
Full Name (Last, First, Middle Initial)

Mailing Address 1040 Broadway Street

City Birmingham State AL Zip Code 35209

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

Name of Employer HealthSouth Corporation Occupation State Regulatory Affairs Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11Al.23474

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE 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 66 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Karen Christmas Spencer
Full Name (Last, First, Middle Initial)
Mailing Address 2520 Oakleaf Circle

City Bessemer	State AL	Zip Code 35022
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Tax Operations & Accounting Director
---------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23275

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Karen Christmas Spencer
Full Name (Last, First, Middle Initial)
Mailing Address 2520 Oakleaf Circle

City Bessemer	State AL	Zip Code 35022
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Tax Operations & Accounting Director
---------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23372

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Karen Christmas Spencer
Full Name (Last, First, Middle Initial)
Mailing Address 2520 Oakleaf Circle

City Bessemer	State AL	Zip Code 35022
------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Tax Operations & Accounting Director
---------------------------------------------	----------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23476

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 67 OF 81
	<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	

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

NAME OF COMMITTEE (In Full)
HealthSouth Corporation Political Action Committee

A. Darla J. Summerville
Full Name (Last, First, Middle Initial)

Mailing Address 219 Piper Street

City Lilly	State PA	Zip Code 15938
---------------	-------------	-------------------

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

Name of Employer HealthSouth	Occupation Certified Case Management Director
---------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23277

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

B. Darla J. Summerville
Full Name (Last, First, Middle Initial)

Mailing Address 219 Piper Street

City Lilly	State PA	Zip Code 15938
---------------	-------------	-------------------

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

Name of Employer HealthSouth	Occupation Certified Case Management Director
---------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23374

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

C. Darla J. Summerville
Full Name (Last, First, Middle Initial)

Mailing Address 219 Piper Street

City Lilly	State PA	Zip Code 15938
---------------	-------------	-------------------

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

Name of Employer HealthSouth	Occupation Certified Case Management Director
---------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23478

Amount of Each Receipt this Period

10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line 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 68 OF 81
(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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Dean Taggart

Mailing Address 704 Guardbridge Court

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Inspector General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23278

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Dean Taggart

Mailing Address 704 Guardbridge Court

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Inspector General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23375

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Dean Taggart

Mailing Address 704 Guardbridge Court

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Inspector General

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23479

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line 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 69 OF 81
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
HealthSouth Corporation Political Action Committee

A. Mark J. Tarr
Full Name (Last, First, Middle Initial)

Mailing Address 4158 Appomattox Lane

City Mountain Brook State AL Zip Code 35213

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

Name of Employer HealthSouth Corporation Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015

Transaction ID : SA11AI.23279

Amount of Each Receipt this Period
 115.00

Payroll Deduction (\$115, 2 weeks)

B. Mark J. Tarr
Full Name (Last, First, Middle Initial)

Mailing Address 4158 Appomattox Lane

City Mountain Brook State AL Zip Code 35213

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

Name of Employer HealthSouth Corporation Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2875.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015

Transaction ID : SA11AI.23376

Amount of Each Receipt this Period
 115.00

Payroll Deduction (\$115, 2 weeks)

C. Mark J. Tarr
Full Name (Last, First, Middle Initial)

Mailing Address 4158 Appomattox Lane

City Mountain Brook State AL Zip Code 35213

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

Name of Employer HealthSouth Corporation Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2990.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : SA11AI.23480

Amount of Each Receipt this Period
 115.00

Payroll Deduction (\$115, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ 345.00

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

**SCHEDULE 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 70 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Sheila Terry
Full Name (Last, First, Middle Initial)
Mailing Address 177 Wisteria Dr.

City Chelsea	State AL	Zip Code 35043
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Regional Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

Date of Receipt
12 / 04 / 2015
Transaction ID : SA11AI.23280

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

B. Sheila Terry
Full Name (Last, First, Middle Initial)
Mailing Address 177 Wisteria Dr.

City Chelsea	State AL	Zip Code 35043
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Regional Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Date of Receipt
12 / 11 / 2015
Transaction ID : SA11AI.23377

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

C. Sheila Terry
Full Name (Last, First, Middle Initial)
Mailing Address 177 Wisteria Dr.

City Chelsea	State AL	Zip Code 35043
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Regional Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

Date of Receipt
12 / 31 / 2015
Transaction ID : SA11AI.23481

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 71 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Curtis H. Traylor
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Waters Edge

City Manvel State TX Zip Code 77578

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

Name of Employer HealthSouth Corporation Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **384.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 04 / 2015
Transaction ID : SA11AI.23283

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

B. Curtis H. Traylor
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Waters Edge

City Manvel State TX Zip Code 77578

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

Name of Employer HealthSouth Corporation Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **396.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : SA11AI.23380

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

C. Curtis H. Traylor
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Waters Edge

City Manvel State TX Zip Code 77578

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

Name of Employer HealthSouth Corporation Occupation Pharmacy Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **408.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : SA11AI.23484

Amount of Each Receipt this Period
 12.00

Payroll Deduction (\$12, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **36.00**

TOTAL This Period (last page this line 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 72 OF 81
(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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)
A. Michael G. Treadway

Mailing Address 1884 West Holly Trail

City Hawkins	State TX	Zip Code 75570
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Controller
---------------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23284

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

Full Name (Last, First, Middle Initial)
B. Michael G. Treadway

Mailing Address 1884 West Holly Trail

City Hawkins	State TX	Zip Code 75570
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Controller
---------------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23381

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

Full Name (Last, First, Middle Initial)
C. Michael G. Treadway

Mailing Address 1884 West Holly Trail

City Hawkins	State TX	Zip Code 75570
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Controller
---------------------------------------------	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23485

Amount of Each Receipt this Period
15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 73 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Tricia A. Wells
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Southpointe Drive

City Hoover	State AL	Zip Code 35244
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Human Resources Operations Di
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23287

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

B. Tricia A. Wells
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Southpointe Drive

City Hoover	State AL	Zip Code 35244
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Human Resources Operations Di
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23384

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

C. Tricia A. Wells
Full Name (Last, First, Middle Initial)

Mailing Address 1803 Southpointe Drive

City Hoover	State AL	Zip Code 35244
----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation National Human Resources Operations Di
---------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23488

Amount of Each Receipt this Period
10.00

Payroll Deduction (\$10, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 74 OF 81
<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)
HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial) A. John Whittington		Date of Receipt 12 / 04 / 2015 Transaction ID : SA11AI.23288
Mailing Address 2716 Watkins Glen Drive		Amount of Each Receipt this Period 177.63
City Birmingham	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$177.63, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation General Counsel & Corporate Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4263.12	

Full Name (Last, First, Middle Initial) B. John Whittington		Date of Receipt 12 / 11 / 2015 Transaction ID : SA11AI.23385
Mailing Address 2716 Watkins Glen Drive		Amount of Each Receipt this Period 177.63
City Birmingham	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$177.63, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation General Counsel & Corporate Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4440.75	

Full Name (Last, First, Middle Initial) C. John Whittington		Date of Receipt 12 / 31 / 2015 Transaction ID : SA11AI.23489
Mailing Address 2716 Watkins Glen Drive		Amount of Each Receipt this Period 177.63
City Birmingham	State AL	Zip Code 35216
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$177.63, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation General Counsel & Corporate Secretary	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4618.38	

SUBTOTAL of Receipts This Page (optional).....▶	532.89
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 75 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Linda Masone Wilder
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 Ridge Trail
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1680.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23289
 Amount of Each Receipt this Period **70.00**
 Payroll Deduction (\$70, 2 weeks)

B. Linda Masone Wilder
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 Ridge Trail
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1750.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23386
 Amount of Each Receipt this Period **70.00**
 Payroll Deduction (\$70, 2 weeks)

C. Linda Masone Wilder
 Full Name (Last, First, Middle Initial)
 Mailing Address 2335 Ridge Trail
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1820.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23490
 Amount of Each Receipt this Period **70.00**
 Payroll Deduction (\$70, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 76 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Donn G. Willey
Full Name (Last, First, Middle Initial)

Mailing Address 1932 River Woods Road

City	State	Zip Code
Hoover	AL	35244

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

Name of Employer	Occupation
HealthSouth Corporation	National Compensation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11Al.23290

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

B. Donn G. Willey
Full Name (Last, First, Middle Initial)

Mailing Address 1932 River Woods Road

City	State	Zip Code
Hoover	AL	35244

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

Name of Employer	Occupation
HealthSouth Corporation	National Compensation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11Al.23387

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

C. Donn G. Willey
Full Name (Last, First, Middle Initial)

Mailing Address 1932 River Woods Road

City	State	Zip Code
Hoover	AL	35244

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

Name of Employer	Occupation
HealthSouth Corporation	National Compensation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11Al.23491

Amount of Each Receipt this Period

15.00

Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	45.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 77 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Arthur E Wilson Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5947 South Shades Crest Rd

City	State	Zip Code
Bessemer	AL	35022

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Real Estate Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1846.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23291

Amount of Each Receipt this Period

76.92

Payroll Deduction (\$76.92, 2 weeks)

B. Arthur E Wilson Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5947 South Shades Crest Rd

City	State	Zip Code
Bessemer	AL	35022

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Real Estate Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23388

Amount of Each Receipt this Period

76.92

Payroll Deduction (\$76.92, 2 weeks)

C. Arthur E Wilson Jr.
Full Name (Last, First, Middle Initial)

Mailing Address 5947 South Shades Crest Rd

City	State	Zip Code
Bessemer	AL	35022

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Real Estate Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1999.92**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23492

Amount of Each Receipt this Period

76.92

Payroll Deduction (\$76.92, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	230.76
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE 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 78 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. John Ryan Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Monaghan Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Managed Care Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **288.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23292

Amount of Each Receipt this Period **12.00**

Payroll Deduction (\$12, 2 weeks)

B. John Ryan Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Monaghan Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Managed Care Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23389

Amount of Each Receipt this Period **12.00**

Payroll Deduction (\$12, 2 weeks)

C. John Ryan Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 1113 Monaghan Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Managed Care Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23493

Amount of Each Receipt this Period **12.00**

Payroll Deduction (\$12, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **36.00**

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

**SCHEDULE 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 79 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Robert M Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Eagle Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Reimbursement Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **743.00**

Date of Receipt **12 / 04 / 2015**

Transaction ID : SA11AI.23293

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

B. Robert M Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Eagle Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Reimbursement Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **781.00**

Date of Receipt **12 / 11 / 2015**

Transaction ID : SA11AI.23390

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

C. Robert M Wisner
Full Name (Last, First, Middle Initial)

Mailing Address 1020 Eagle Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation Reimbursement Senior Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **819.00**

Date of Receipt **12 / 31 / 2015**

Transaction ID : SA11AI.23494

Amount of Each Receipt this Period **38.00**

Payroll Deduction (\$38, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... **114.00**

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

**SCHEDULE 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 80 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. William Forrest Wittig
 Full Name (Last, First, Middle Initial)
 Mailing Address 3969 Haddon Circle
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **360.00**

Date of Receipt **12 / 04 / 2015**
Transaction ID : SA11AI.23294
 Amount of Each Receipt this Period **15.00**
 Payroll Deduction (\$15, 2 weeks)

B. William Forrest Wittig
 Full Name (Last, First, Middle Initial)
 Mailing Address 3969 Haddon Circle
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 11 / 2015**
Transaction ID : SA11AI.23391
 Amount of Each Receipt this Period **15.00**
 Payroll Deduction (\$15, 2 weeks)

C. William Forrest Wittig
 Full Name (Last, First, Middle Initial)
 Mailing Address 3969 Haddon Circle
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 31 / 2015**
Transaction ID : SA11AI.23495
 Amount of Each Receipt this Period **15.00**
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE 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 81 OF 81
	<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)
HealthSouth Corporation Political Action Committee

A. Russell Yeager
Full Name (Last, First, Middle Initial)

Mailing Address 1348 Saddlecreek Parkway

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **912.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	04	/	2015

Transaction ID : SA11AI.23295

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

B. Russell Yeager
Full Name (Last, First, Middle Initial)

Mailing Address 1348 Saddlecreek Parkway

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2015

Transaction ID : SA11AI.23392

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

C. Russell Yeager
Full Name (Last, First, Middle Initial)

Mailing Address 1348 Saddlecreek Parkway

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **988.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : SA11AI.23496

Amount of Each Receipt this Period

38.00

Payroll Deduction (\$38, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	114.00
TOTAL This Period (last page this line number only).....	6034.65