

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2013"/>		30361.64
(b) Cash on Hand at Beginning of Reporting Period.....	28432.08	
(c) Total Receipts (from Line 19)	7901.22	23971.66
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	36333.30	54333.30
7. Total Disbursements (from Line 31).....	12760.00	30760.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23573.30	23573.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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).....	4705.65	10156.48
(ii) Unitemized	3195.57	13815.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7901.22	23971.66
(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)	7901.22	23971.66
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	7901.22	23971.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7901.22	23971.66

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	12500.00	30500.00
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	260.00	260.00
(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)).....	260.00	260.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	12760.00	30760.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12760.00	30760.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	7901.22	23971.66
34. Total Contribution Refunds (from Line 28(d))	260.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7641.22	23711.66
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 17
	<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. 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 **360.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : SA11Al.15855
 Amount of Each Receipt this Period **120.00**
 Payroll Deduction (\$40, 2 weeks)

B. Charles Richard Byrd III
 Full Name (Last, First, Middle Initial)
 Mailing Address 3609 Ridgecrest Road
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation VP Real Estate
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : SA11Al.15859
 Amount of Each Receipt this Period **72.00**
 Payroll Deduction (\$24, 2 weeks)

C. Dr. Dexanne B. Clohan
 Full Name (Last, First, Middle Initial)
 Mailing Address 2351 River Grand Drive
 City Birmingham State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HealthSouth Corporation Occupation Chief Medical Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1728.00**

Date of Receipt **04 / 26 / 2013**
Transaction ID : SA11Al.15861
 Amount of Each Receipt this Period **576.00**
 Payroll Deduction (\$192, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	768.00
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 17
	<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 SVP Treasury

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **747.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15870

Amount of Each Receipt this Period
249.00

Payroll Deduction (\$83, 2 weeks)

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

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 SVP Inpatient Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **504.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15874

Amount of Each Receipt this Period
168.00

Payroll Deduction (\$56, 2 weeks)

C. William House
Full Name (Last, First, Middle Initial)

Mailing Address 1739 Lake Cyrus Club Drive

City Hoover State AL Zip Code 35244

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

Name of Employer HealthSouth Occupation Regional 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
04 / 26 / 2013

Transaction ID : SA11Al.15878

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ **567.00**

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 17
	<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. 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 Occupation VP Government and Regulatory Affairs

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
04 / 26 / 2013

Transaction ID : SA11Al.15879

Amount of Each Receipt this Period
120.00

Payroll Deduction (\$40, 2 weeks)

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

Mailing Address 939 Laurel Meadow Lane

City Fort Mill State SC Zip Code 29708

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

Name of Employer HealthSouth Corporation Occupation Healthcare Facility Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15880

Amount of Each Receipt this Period
75.00

Payroll Deduction (\$25, 2 weeks)

C. Barbara Jacobsmeyer
Full Name (Last, First, Middle Initial)

Mailing Address 3908 Herman's Lake Ct

City Florissant State MO Zip Code 63034

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

Name of Employer HealthSouth Occupation Healthcare Facility Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15881

Amount of Each Receipt this Period
150.00

Payroll Deduction (\$50, 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 9 OF 17
	<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"/>	<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	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth	CFO - Inpatient Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **522.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11Al.15885

Amount of Each Receipt this Period

174.00

Payroll Deduction (\$58, 2 weeks)

B. Thomas Langley
Full Name (Last, First, Middle Initial)

Mailing Address 1203 Elm Drive

City	State	Zip Code
Alabaster	AL	35007

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

Name of Employer	Occupation
Healthsouth	Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11Al.15887

Amount of Each Receipt this Period

150.00

Payroll Deduction (\$50, 2 weeks)

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

Mailing Address 1811 Martin St So

City	State	Zip Code
Pell City	AL	35128

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

Name of Employer	Occupation
HealthSouth	Director of Risk Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	26	/	2013

Transaction ID : SA11Al.15889

Amount of Each Receipt this Period

75.00

Payroll Deduction (\$25, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	399.00
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 10 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

Full Name (Last, First, Middle Initial)
A. Peter M. Mantegazza

Mailing Address 38 Madeline Drive

City State Zip Code
 Ridgefield CT 06877

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

Name of Employer Occupation
 HealthSouth Corporation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11Al.15892

Amount of Each Receipt this Period
 114.00

Payroll Deduction (\$38, 2 weeks)

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

Mailing Address 3405 Watertown Place

City State Zip Code
 Vestavia Hills AL 35243

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

Name of Employer Occupation
 HealthSouth Corproation Chief Tax Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 342.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11Al.15893

Amount of Each Receipt this Period
 114.00

Payroll Deduction (\$38, 2 weeks)

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

Mailing Address 8613 Highlands Drive

City State Zip Code
 Trussville AL 35173

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

Name of Employer Occupation
 HealthSouth Regional Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 720.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 26 / 2013
Transaction ID : SA11Al.15897

Amount of Each Receipt this Period
 240.00

Payroll Deduction (\$80, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ▶ 468.00

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 17
	<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. Sandra Murvin
Full Name (Last, First, Middle Initial)

Mailing Address 1831 28th Ave South
Suite 330

City Birmingham State AL Zip Code 35209

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

Name of Employer HealthSouth Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
04 / 26 / 2013
Transaction ID : **SA11Al.15899**

Amount of Each Receipt this Period
120.00

Payroll Deduction (\$40, 2 weeks)

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

Mailing Address 54 Bay Way Drive

City Brick State NJ Zip Code 08723

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

Name of Employer HealthSouth Occupation VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
04 / 26 / 2013
Transaction ID : **SA11Al.15901**

Amount of Each Receipt this Period
75.00

Payroll Deduction (\$25, 2 weeks)

C. Andrew L. Price
Full Name (Last, First, Middle Initial)

Mailing Address 381 Greystone Glen Circle

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 ▼ **900.00**

Date of Receipt
04 / 26 / 2013
Transaction ID : **SA11Al.15907**

Amount of Each Receipt this Period
300.00

Payroll Deduction (\$100, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	495.00
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 17
	<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 A. Simpson
Full Name (Last, First, Middle Initial)

Mailing Address 4285 Lexie Circle

City Trussville State AL Zip Code 35173

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

Name of Employer Healthsouth Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15912

Amount of Each Receipt this Period
180.00

Payroll Deduction (\$60, 2 weeks)

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

Mailing Address 1039 Williams Trace

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation President - Inpatient Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1035.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15919

Amount of Each Receipt this Period
345.00

Payroll Deduction (\$115, 2 weeks)

C. Andrew Ward
Full Name (Last, First, Middle Initial)

Mailing Address 1100 27th Street South #1004

City Birmingham State AL Zip Code 35205

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

Name of Employer HealthSouth Corporation Occupation VP Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 26 / 2013

Transaction ID : SA11Al.15922

Amount of Each Receipt this Period
90.00

Payroll Deduction (\$30, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	615.00
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 14 OF 17
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

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 Occupation SVP Reimbursement

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 26 / 2013

Transaction ID : SA11AL15930

Amount of Each Receipt this Period
 75.00

Payroll Deduction (\$25, 2 weeks)

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	4705.65

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City CONCORD State NH Zip Code 03301

Purpose of Disbursement

Candidate Name

JEANNE SHAHEEN

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NH District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : SB23.15713

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. HEALTHCARE FREEDOM FUND

Mailing Address PO BOX 2485

City SPRINGFIELD State VA Zip Code 22152

Purpose of Disbursement

Candidate Name

DAVID PHILLIP DR. ROE

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : SB23.15720

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. MANCHIN FOR WEST VIRGINIA

Mailing Address PO BOX 5202

City CHARLESTON State WV Zip Code 25361

Purpose of Disbursement

Candidate Name

JOE MANCHIN III

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: WV District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	3

Transaction ID : SB23.15712

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

6	0	0	0	.	0	0
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TOTAL This Period (last page this line number only)..... ▶

6	0	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. MARTHA ROBY FOR CONGRESS

Mailing Address PO BOX 195

City MONTGOMERY State AL Zip Code 36101

Purpose of Disbursement

Candidate Name

MARTHA ROBY

Office Sought: House Senate President

State: AL District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : **SB23.15717**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 7526

City LITTLE ROCK State AR Zip Code 72217

Purpose of Disbursement

Candidate Name

JOHN TIMOTHY GRIFFIN

Office Sought: House Senate President

State: AR District: 02

Disbursement For: 2014
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : **SB23.15718**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. REINVENTING A NEW DIRECTION - RANDPAC

Mailing Address PO BOX 72598

City NEWPORT State KY Zip Code 41072

Purpose of Disbursement

Candidate Name

RAND PAUL

Office Sought: House Senate President

State: KY District: 00

Disbursement For: 2016
 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : **SB23.15714**

Amount of Each Disbursement this Period

2500.00

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

6500.00

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

12500.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. James H Rogers

Mailing Address 84 Downing Street

City Columbia State SC Zip Code 29209

Purpose of Disbursement
Refund of payroll deduction

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		2	6		2	0	1	3		

Transaction ID : SB28A.15909

Amount of Each Disbursement this Period

8	0	.	0	0
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Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

8	0	.	0	0
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8	0	.	0	0
---	---	---	---	---