

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
HealthSouth Corporation Political Action Committee

ADDRESS (number and street) One HealthSouth Parkway
 Check if different than previously reported. (ACC)
Birmingham AL 35243

2. **FEC IDENTIFICATION NUMBER** C00414649
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 01 2007 through 11 30 2007

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Tyler C. Murphy

Signature of Treasurer Electronically Filed by Tyler C. Murphy Date 12 20 2007

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

**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:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		13459.92
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	3364.20									
(c) Total Receipts (from Line 19)	6170.72	45409.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	9534.92	58868.92								
7. Total Disbursements (from Line 31)	6510.00	55844.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3024.92	3024.92								
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**

Write or Type Committee Name
HealthSouth Corporation Political Action Committee

Report Covering the Period: From:

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	4876.34	32550.84
(i) Itemized (use Schedule A)	1294.38	12858.16
(ii) Unitemized	6170.72	45409.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	6170.72	45409.00
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 Transfer (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))	6170.72	45409.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6170.72	45409.00

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	10.00	94.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10.00	94.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6500.00	55750.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	6510.00	55844.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	6510.00	55844.00

DETAILED SUMMARY PAGE
of Disbursements

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)	6170.72	45409.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6170.72	45409.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10.00	94.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10.00	94.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 21
	<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

Full Name (Last, First, Middle Initial) A. James A Allen		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 436 Golf Drive		Transaction ID: SA11A1.7729	
City Hoover	State AL	Amount of Each Receipt this Period 57.50	
Zip Code 35226		Payroll Deduction (\$29, 2 weeks)	
FEC ID number of contributing federal political committee. C			
Name of Employer HealthSouth	Occupation VP Operations Support		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.50		

Full Name (Last, First, Middle Initial) B. Aleen Arabit		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 8 / 2 0 0 7	
Mailing Address 18506 Rogers Place		Transaction ID: SA11A1.7783	
City San Antonio	State TX	Amount of Each Receipt this Period 300.00	
Zip Code 78258		Payroll Deduction (\$25, 2 weeks)	
FEC ID number of contributing federal political committee. C			
Name of Employer Healthsouth	Occupation Healthcare Facility Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00		

Full Name (Last, First, Middle Initial) C. Christine Bachrach		Date of Receipt M M / D D / Y Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 3725 Dunbarton Drive		Transaction ID: SA11A1.7731	
City Mountain Brook	State AL	Amount of Each Receipt this Period 50.00	
Zip Code 35223		Payroll Deduction (\$25, 2 weeks)	
FEC ID number of contributing federal political committee. C			
Name of Employer HealthSouth	Occupation VP Compliance		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00		

SUBTOTAL of Receipts This Page (optional) ▶	407.50
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 21
	<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. Full Name (Last, First, Middle Initial)
Jeffrey P Blackwood

Mailing Address 276 Stonebridge Rd

City Birmingham State AL Zip Code 35210

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

Name of Employer HealthSouth Occupation VP - Design and Construction

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7734

Amount of Each Receipt this Period
 40.00

Payroll Deduction (\$30, 2 weeks)

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

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 Occupation Healthcare Facility Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 0 7

Transaction ID: SA11A1.7776

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Charles Byrd, III

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 Occupation VP Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7735

Amount of Each Receipt this Period
 40.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	330.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 21
	<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. Full Name (Last, First, Middle Initial)
Randall Carpenter

Mailing Address 3754 Carisbrooke Drive

City Hoover State AL Zip Code 35226

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

Name of Employer HealthSouth Occupation Chief Information Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7736

Amount of Each Receipt this Period
 80.00

Payroll Deduction (\$40, 2 weeks)

B. Full Name (Last, First, Middle Initial)
Dr. Dexanne B. Clohan

Mailing Address 235 Cahaba River Parc

City Birmingham State AL Zip Code 35243

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

Name of Employer HealthSouth Occupation Chief Medical Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4608.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7737

Amount of Each Receipt this Period
 384.00

Payroll Deduction (\$192, 2 weeks)

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

Mailing Address 10456 N.W. 48th Manor

City Coral Springs State FL Zip Code 33076

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

Name of Employer HealthSouth Occupation Vice President - Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 460.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.7696

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	▶	484.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 21
	<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

Full Name (Last, First, Middle Initial) A. Margot Dealy		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 3065 Old Stone Drive		Transaction ID: SA11A1.7781	
City Birmingham	State AL	Amount of Each Receipt this Period 250.00	
Zip Code 35242			
FEC ID number of contributing federal political committee. C			
Name of Employer HealthSouth	Occupation Regional Director of Sales & Marketing		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00		

Full Name (Last, First, Middle Initial) B. Kristen DeHart		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 1542 Canterbury Ln		Transaction ID: SA11A1.7739	
City Liberty	State MO	Amount of Each Receipt this Period 40.00	
Zip Code 64068			
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20, 2 weeks)	
Name of Employer HealthSouth	Occupation Healthcare Facility Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00		

Full Name (Last, First, Middle Initial) C. Julie Duck		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 4 / 2 0 0 7	
Mailing Address 308 Eaton Circle		Transaction ID: SA11A1.7779	
City Birmingham	State AL	Amount of Each Receipt this Period 500.00	
Zip Code 35242			
FEC ID number of contributing federal political committee. C			
Name of Employer HealthSouth	Occupation Vice President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	790.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 21
	<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

Full Name (Last, First, Middle Initial) A. Elaine Ebaugh		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 4331 38th Way S.		Transaction ID: SA11A1.7697	
City State Zip Code St Petersburg FL 33711	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10, 2 weeks)		
Name of Employer HealthSouth Occupation Healthcare Facility Administrator	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Laurie English		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 904 Emerald Blvd		Transaction ID: SA11A1.7741	
City State Zip Code Southlake TX 76902	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll deduction (\$75, 2 weeks)		
Name of Employer HealthSouth Occupation Senior VP - Inpatient Operations	Aggregate Year-to-Date ▼ 1800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. John Ferritto		Date of Receipt M M / D D / Y Y Y Y 1 1 / 0 2 / 2 0 0 7	
Mailing Address 1135 Appletree Lane		Transaction ID: SA11A1.7777	
City State Zip Code Erie PA 16509	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Healthsouth Occupation Healthcare Facility Administrator	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	660.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 21
	<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. Full Name (Last, First, Middle Initial)
Martha Gerganoff

Mailing Address 5040 E Camino Bosque

City State Zip Code
Tucson AZ 85718

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 ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 5 / 2 0 0 7

Transaction ID: SA11A1.7782

Amount of Each Receipt this Period
250.00

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

Mailing Address 968 Nagel Road

City State Zip Code
Butler KY 41006

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 ▼
276.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 1 6 / 2 0 0 7

Transaction ID: SA11A1.7698

Amount of Each Receipt this Period
12.00

Payroll Deduction (\$12, 2 weeks)

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

Mailing Address 7130 East Saddleback St Apt. 56

City State Zip Code
Mesa AZ 85207

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

Name of Employer HealthSouth Occupation Senior VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1344.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7742

Amount of Each Receipt this Period
112.00

Payroll Deduction (\$56, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	374.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 21 (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

<p>A. Full Name (Last, First, Middle Initial) William Andrew Heath</p> <p>Mailing Address 3409 Watertown Place</p> <p>City State Zip Code Birmingham AL 35243</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HealthSouth Occupation Director of Finance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 456.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7</p> <p>Transaction ID: SA11A1.7744</p> <p>Amount of Each Receipt this Period 38.00</p> <p>Payroll Deduction (\$19, 2 weeks)</p>
--	--

<p>B. Full Name (Last, First, Middle Initial) Wayne Hegwood</p> <p>Mailing Address 2356 Altadena Crest Drive</p> <p>City State Zip Code Birmingham AL 35242</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HealthSouth Occupation Director of Special Projects</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7</p> <p>Transaction ID: SA11A1.7745</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll Deduction (\$10, 2 weeks)</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Jill Jordan</p> <p>Mailing Address 443 Lee Road 2099</p> <p>City State Zip Code Phenix City AL 36870</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer HealthSouth Occupation Healthcare Facility Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7</p> <p>Transaction ID: SA11A1.7746</p> <p>Amount of Each Receipt this Period 20.00</p> <p>Payroll Deduction (\$10, 2 weeks)</p>
---	--

<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>78.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 21
	<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

Full Name (Last, First, Middle Initial) A. David Klementz		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 808 Parkview Circle		Transaction ID: SA11A1.7747
City Birmingham	State AL	Zip Code 35242
Amount of Each Receipt this Period 116.00		Payroll Deduction (\$58, 2 weeks)
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth	Occupation CFO - Inpatient Division	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1392.00	

Full Name (Last, First, Middle Initial) B. Carol Lynne Lee		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1811 Martin St So		Transaction ID: SA11A1.7748
City Pell City	State AL	Zip Code 35128
Amount of Each Receipt this Period 25.00		Payroll Deduction (\$15, 2 weeks)
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth	Occupation Director of Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 245.00	

Full Name (Last, First, Middle Initial) C. Robert Paul Livingston		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7
Mailing Address 1504 SW 8th Ave		Transaction ID: SA11A1.7749
City Topeka	State KS	Zip Code 66606
Amount of Each Receipt this Period 20.00		Payroll Deduction (\$10, 2 weeks)
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth	Occupation Healthcare Facility Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional) ▶	161.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 21
	<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. Terry R Maxhimer		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 4817 Wood Springs Ln		Transaction ID: SA11A1.7750	
City State Zip Code Birmingham AL 35226	Amount of Each Receipt this Period 150.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$75, 2 weeks)		
Name of Employer HealthSouth Occupation SVP Inpatient Operations	Aggregate Year-to-Date ▼ 1800.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Denise B McGrath		Date of Receipt M M / D D / Y Y Y Y 1 1 / 1 6 / 2 0 0 7	
Mailing Address 222 River Walk Dr		Transaction ID: SA11A1.7700	
City State Zip Code Melbourne Beach FL 32951	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10, 2 weeks)		
Name of Employer HealthSouth Occupation Healthcare Facility Administrator	Aggregate Year-to-Date ▼ 230.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Mary K Moscato		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7	
Mailing Address 22 Andrews Rd		Transaction ID: SA11A1.7751	
City State Zip Code Wakefield MA 01882	Amount of Each Receipt this Period 40.00		
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$20, 2 weeks)		
Name of Employer HealthSouth Occupation Senior VP Operations	Aggregate Year-to-Date ▼ 480.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional) ▶	200.00
TOTAL This Period (last page this line number only) ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 21
	<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. Full Name (Last, First, Middle Initial)
Patricia Ostaszewski

Mailing Address 54 Bay Way Drive

City State Zip Code
Brick NJ 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 ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7752

Amount of Each Receipt this Period
50.00

Payroll Deduction (\$25, 2 weeks)

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

Mailing Address 133 Narrows Peak Circle

City State Zip Code
Birmingham AL 35242

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

Name of Employer HealthSouth Occupation Director of Income Tax Compliance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7753

Amount of Each Receipt this Period
20.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 2401 N Slick Rock

City State Zip Code
Columbia MO 65202

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 ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7754

Amount of Each Receipt this Period
40.00

Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	▶	110.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 21
	<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. Full Name (Last, First, Middle Initial) Kimberly Pretnar Mailing Address 5528 Afton Dr City Birmingham State AL Zip Code 35242 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.7755 Amount of Each Receipt this Period 38.00 Payroll Deduction (\$19, 2 weeks)
Name of Employer HealthSouth Occupation Director of Human Resources Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 456.00		

B. Full Name (Last, First, Middle Initial) Mark J Rice Mailing Address 182 Jill Loop City Ruston State LA Zip Code 71270 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 0 / 2 0 0 7 Transaction ID: SA11A1.7756 Amount of Each Receipt this Period 30.00 Payroll Deduction (\$15, 2 weeks)
Name of Employer HealthSouth Occupation Healthcare Facility Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		

C. Full Name (Last, First, Middle Initial) Linda Anne Savino Mailing Address 13 Telegraph Hill Rd City Holmdel State NJ Zip Code 07733 FEC ID number of contributing federal political committee. C		Date of Receipt M M / D D / Y Y Y Y 1 1 / 2 8 / 2 0 0 7 Transaction ID: SA11A1.7785 Amount of Each Receipt this Period 500.00
Name of Employer HealthSouth Occupation Healthcare Facility Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional)	568.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 21
	<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. Full Name (Last, First, Middle Initial)
Mark J Tarr

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 ▼ 912.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7758

Amount of Each Receipt this Period
 76.00

Payroll Deduction (\$38, 2 weeks)

B. Full Name (Last, First, Middle Initial)
Sandra Kaye Vollman

Mailing Address 2908 Glenstone Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation Senior VP Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 960.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7759

Amount of Each Receipt this Period
 80.00

Payroll Deduction (\$40, 2 weeks)

C. Full Name (Last, First, Middle Initial)
Linda Masone Wilder

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 Occupation Senior VP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 912.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7760

Amount of Each Receipt this Period
 76.00

Payroll Deduction (38, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	▶	232.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 21
	<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. Full Name (Last, First, Middle Initial)
Arthur E Wilson, Jr.

Mailing Address 5947 South Shades Crest Rd

City Bessemer State AL Zip Code 35022

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

Name of Employer HealthSouth Occupation Senior VP Real Estate

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1846.08

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7761

Amount of Each Receipt this Period
 153.84

Payroll Deduction (\$76.92, 2 weeks)

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

Mailing Address 656 Bluff Park Road

City Hoover State AL Zip Code 35226

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

Name of Employer HealthSouth Occupation Director, Contract Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7762

Amount of Each Receipt this Period
 20.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 7054 North Highfield Dr

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1964.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7764

Amount of Each Receipt this Period
 270.00

Payroll Deduction (\$135, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	▶	443.84
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 21	
	(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"/> 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. Full Name (Last, First, Middle Initial)
Russell Yeager

Mailing Address 628 Springbank Terrace

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation VP Technology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
456.00

Date of Receipt
 M M / D D / Y Y Y Y
 1 1 / 2 0 / 2 0 0 7

Transaction ID: SA11A1.7765

Amount of Each Receipt this Period
38.00

Payroll Deduction (\$19, 2 weeks)

SUBTOTAL of Receipts This Page (optional)	▶	38.00
TOTAL This Period (last page this line number only)	▶	4876.34

**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)

PAGE 20 / 21

<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. BACHUS FOR CONGRESS COMMITTEE		Transaction ID: SB23.7690 Date of Disbursement
Mailing Address P.O. Box 59444		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Birmingham	State AL	Zip Code 35259
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name SPENCER T BACHUS		<input type="text" value="1000.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: AL	District: 06	

Full Name (Last, First, Middle Initial) B. FEDERATION OF AMERICAN HOSPITALS PAC (FEDPAC); (FKA AMERICAN HEALTH SYSTEMS PAC)		Transaction ID: SB23.7687 Date of Disbursement
Mailing Address 801 PENNSYLVANIA AVENUE SUITE 245		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City WASHINGTON	State DC	Zip Code 20004
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="text" value="2000.00"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State:	District:	

Full Name (Last, First, Middle Initial) C. GOODE FOR CONGRESS		Transaction ID: SB23.7692 Date of Disbursement
Mailing Address 235 South Main Street		<input type="text" value="1"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="7"/>
City Rocky Mount	State VA	Zip Code 24151
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name VIRGIL H. JR. GOODE		<input type="text" value="500.00"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/ Type
State: VA	District: 05	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="3500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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. PALLONE FOR CONGRESS		Transaction ID: SB23.7691	
Mailing Address PO BOX 3176		Date of Disbursement MM / DD / YYYY 11 / 30 / 2007	
City LONG BRANCH	State NJ	Zip Code 07740	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement		Category/Type	
Candidate Name FRANK JR PALLONE			
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NJ	District: 06		

Full Name (Last, First, Middle Initial) B. STABENOW FOR US SENATE		Transaction ID: SB23.7689	
Mailing Address PO BOX 4945		Date of Disbursement MM / DD / YYYY 11 / 12 / 2007	
City EAST LANSING	State MI	Zip Code 48826	Amount of Each Disbursement this Period 2000.00
Purpose of Disbursement		Category/Type	
Candidate Name DEBBIE STABENOW			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: MI	District: 00		

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

6500.00