

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 HealthSouth Corporation Political Action Committee

ADDRESS (number and street) 3660 Grandview Parkway, Suite 200 Birmingham AL 35243

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 10 / 01 / 2013 through 10 / 31 / 2013

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 Edmund M. Fay

Signature of Treasurer Edmund M. Fay [Electronically Filed] Date 11 / 19 / 2013

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)

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.....	21024.86	
(c) Total Receipts (from Line 19) .....	7919.72	80771.78
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	28944.58	111133.42
7. Total Disbursements (from Line 31).....	6000.00	88188.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22944.58	22944.58
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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: 10 / 01 / 2013 To: 10 / 31 / 2013

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).....	7168.15	56374.13
(ii) Unitemized .....	751.57	20897.65
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7919.72	77271.78
(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) .....	7919.72	77271.78
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	3500.00
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))..... ▶	7919.72	80771.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7919.72	80771.78

**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.....	6000.00	87000.00
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	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)).....	0.00	260.00
29. Other Disbursements .....	0.00	928.84
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)) ..	6000.00	88188.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6000.00	88188.84

**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) .....	7919.72	77271.78
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7919.72	77011.78
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 89
	<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. 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 Director of Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11AI.17081**  
 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 Director of Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11AI.17196**  
 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 Director of Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11AI.17311**  
 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 89
	<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 792 West Aaron Drive  
City State Zip Code  
State College PA 16803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Controller  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**210.00**

Date of Receipt  
**10 / 18 / 2013**  
**Transaction ID : SA11Al.17197**  
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 792 West Aaron Drive  
City State Zip Code  
State College PA 16803  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Controller  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**220.00**

Date of Receipt  
**10 / 31 / 2013**  
**Transaction ID : SA11Al.17312**  
Amount of Each Receipt this Period  
**10.00**  
Payroll Deduction (\$10, 2 weeks)

**C. Kenneth J Anthony**  
Full Name (Last, First, Middle Initial)  
Mailing Address 734 10th Street  
City State Zip Code  
Oakmont PA 15139  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Administrator  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**400.00**

Date of Receipt  
**10 / 11 / 2013**  
**Transaction ID : SA11Al.17084**  
Amount of Each Receipt this Period  
**20.00**  
Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> 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 89
<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. Kenneth J Anthony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 10th Street  
 City State Zip Code  
 Oakmont PA 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Healthcare Facility Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17199**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20, 2 weeks)

**B. Kenneth J Anthony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 10th Street  
 City State Zip Code  
 Oakmont PA 15139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Healthcare Facility Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 440.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17314**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20, 2 weeks)

**C. Tony Bennett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3108 Preserve Rookery Blvd  
 City State Zip Code  
 Panama City Beach FL 32408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Healthcare Facility Administrator  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17086**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> 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 89
	<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 Blvd

City	State	Zip Code
Panama City Beach	FL	32408

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

Name of Employer	Occupation
HealthSouth Corporation	Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17202**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 3108 Preserve Rookery Blvd

City	State	Zip Code
Panama City Beach	FL	32408

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

Name of Employer	Occupation
HealthSouth Corporation	Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17316**

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	State	Zip Code
North Reading	MA	01864

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

Name of Employer	Occupation
HealthSouth Corporation	Regional Director of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17087**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> 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 89
	<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 Director of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17203**

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 Director of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17317**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11Al.17089**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 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 11 OF 89
	<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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17205**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17319**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, weeks)

**C. Jennifer Brewer**  
Full Name (Last, First, Middle Initial)

Mailing Address 6613 Fox View Drive

City Edwardsville State IL Zip Code 62025

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 ▼ **280.00**

Date of Receipt  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17090**

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 12 OF 89
	<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. Jennifer Brewer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6613 Fox View Drive

City Edwardsville	State IL	Zip Code 62025
----------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17206**

Amount of Each Receipt this Period  

800.00
--------

**20.00**

Payroll Deduction (\$20, 2 weeks)

**B. Jennifer Brewer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6613 Fox View Drive

City Edwardsville	State IL	Zip Code 62025
----------------------	-------------	-------------------

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 ▼ **320.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17320**

Amount of Each Receipt this Period  

800.00
--------

**20.00**

Payroll Deduction (\$20, 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 ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17091**

Amount of Each Receipt this Period  

800.00
--------

**40.00**

Payroll Deduction (\$40, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>80.00</b>
<b>TOTAL</b> 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 89
	<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 ▼ **840.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17207**

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 ▼ **880.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17321**

Amount of Each Receipt this Period  

40.00
-------

Payroll Deduction (\$40, 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	Occupation Healthcare Facility Administrator
---------------------------------	---

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
10	/	11	/	2013

**Transaction ID : SA11Al.17092**

Amount of Each Receipt this Period  

19.00
-------

Payroll Deduction (\$19, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>99.00</b>
<b>TOTAL</b> 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 89
	<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	Occupation Healthcare Facility Administrator
---------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **399.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2013

**Transaction ID : SA11Al.17208**

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	Occupation Healthcare Facility Administrator
---------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **418.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2013

**Transaction ID : SA11Al.17322**

Amount of Each Receipt this Period  

19.00
-------

Payroll Deduction (\$19, 2 weeks)

**C. Phylis A. Buck**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 770068

City Memphis	State TN	Zip Code 38177
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2013

**Transaction ID : SA11Al.17093**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>53.00</b>
<b>TOTAL</b> 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 89
	<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. Phylis A. Buck**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 770068

City	State	Zip Code
Memphis	TN	38177

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17209**

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 770068

City	State	Zip Code
Memphis	TN	38177

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17323**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**C. Michael L. Bullitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3711 Kessler

City	State	Zip Code
Wichita Falls	TX	76309

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

Name of Employer	Occupation
HealthSouth Corporation	Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17094**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> 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 89
	<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. Michael L. Bullitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3711 Kessler

City State Zip Code  
Wichita Falls TX 76309

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

Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11AI.17210**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

**B. Michael L. Bullitt**  
Full Name (Last, First, Middle Initial)

Mailing Address 3711 Kessler

City State Zip Code  
Wichita Falls TX 76309

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

Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  
10 / 31 / 2013  
**Transaction ID : SA11AI.17324**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 136 Providence Road

City State Zip Code  
Leesville SC 29070

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

Name of Employer Occupation  
HealthSouth Corporation Director Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11AI.17211**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 89
	<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. 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 Director Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17325**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Barbara L. Butler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 Oak Bend Place

City Newburgh State IN Zip Code 47630

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17212**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Barbara L. Butler**  
Full Name (Last, First, Middle Initial)

Mailing Address 2444 Oak Bend Place

City Newburgh State IN Zip Code 47630

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17326**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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 89
	<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 VP Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **480.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11Al.17097**  
 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 VP Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **504.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17213**  
 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 VP Real Estate  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **528.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17327**  
 Amount of Each Receipt this Period **24.00**  
 Payroll Deduction (\$24, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>72.00</b>
<b>TOTAL</b> 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 89
	<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. Wayne Cermak**  
Full Name (Last, First, Middle Initial)

Mailing Address 10529 Hendon Street

City Austin State TX Zip Code 78748

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

Name of Employer HealthSouth Corporation Occupation Director of Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17214**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Wayne Cermak**  
Full Name (Last, First, Middle Initial)

Mailing Address 10529 Hendon Street

City Austin State TX Zip Code 78748

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

Name of Employer HealthSouth Corporation Occupation Director of Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17328**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 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 ▼ **3840.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17100**

Amount of Each Receipt this Period  
**192.00**

Payroll Deduction (\$192, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>212.00</b>
<b>TOTAL</b> 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 89
	<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. 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 ▼  
4032.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17216**

Amount of Each Receipt this Period  
192.00

Payroll Deduction (\$192, 2 weeks)

**B. 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 ▼  
4224.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17330**

Amount of Each Receipt this Period  
192.00

Payroll Deduction (\$192, 2 weeks)

**C. Georgeanne Cole**  
Full Name (Last, First, Middle Initial)  
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 Chief Operating Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17217**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	394.00
<b>TOTAL</b> 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 89
	<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 State Zip Code  
Gray TN 37615

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

Name of Employer Occupation  
HealthSouth Corporation Hospital Chief Operating Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2013  
**Transaction ID : SA11AI.17331**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 10456 N.W. 48th Manor

City State Zip Code  
Coral Springs FL 33076

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

Name of Employer Occupation  
HealthSouth Corporation Vice President - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 11 / 2013  
**Transaction ID : SA11AI.17102**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 10456 N.W. 48th Manor

City State Zip Code  
Coral Springs FL 33076

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

Name of Employer Occupation  
HealthSouth Corporation Vice President - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2013  
**Transaction ID : SA11AI.17218**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 22 OF 89
	(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"/> 15
<input type="checkbox"/> 12	<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 10456 N.W. 48th Manor

City State Zip Code  
Coral Springs FL 33076

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

Name of Employer Occupation  
HealthSouth Corporation Vice President - Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**440.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17332**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 19 Buckingham Drive

City State Zip Code  
Bow NH 03304

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

Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**300.00**

Date of Receipt  
**10 / 11 / 2013**

**Transaction ID : SA11AI.17106**

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 State Zip Code  
Bow NH 03304

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

Name of Employer Occupation  
HealthSouth Corporation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**315.00**

Date of Receipt  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17222**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>50.00</b>
<b>TOTAL</b> 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 89
	<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. Catherine V. Devaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Buckingham Drive  
 City Bow State NH Zip Code 03304  
 Name of Employer HealthSouth Corporation Occupation Healthcare Facility Administrator  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11Al.17336**  
 Amount of Each Receipt this Period 15.00  
 Payroll Deduction (\$15, 2 weeks)

**B. Edmund M. Fay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Valley Road  
 City Birmingham State AL Zip Code 35206  
 Name of Employer HealthSouth Corporation Occupation SVP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1660.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11Al.17110**  
 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  
 Name of Employer HealthSouth Corporation Occupation SVP Treasury  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1743.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11Al.17226**  
 Amount of Each Receipt this Period 83.00  
 Payroll Deduction (\$83, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	181.00
<b>TOTAL</b> 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 89
	<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 ▼ 1826.00

Date of Receipt  
10 / 31 / 2013  
**Transaction ID : SA11Al.17340**

Amount of Each Receipt this Period 83.00

Payroll Deduction (\$83, 2 weeks)

**B. Barbara V. Feth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1930 East Claire Drive

City Phoenix State AZ Zip Code 85022

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

Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
10 / 11 / 2013  
**Transaction ID : SA11Al.17111**

Amount of Each Receipt this Period 20.00

Payroll Deduction (\$20, 2 weeks)

**C. Barbara V. Feth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1930 East Claire Drive

City Phoenix State AZ Zip Code 85022

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

Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11Al.17227**

Amount of Each Receipt this Period 20.00

Payroll Deduction (\$20, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional).....▶ 123.00

**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 89
	<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 V. Feth**  
Full Name (Last, First, Middle Initial)

Mailing Address 1930 East Claire Drive

City Phoenix State AZ Zip Code 85022

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

Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **440.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17341**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

**B. Tammy E. Feuer**  
Full Name (Last, First, Middle Initial)

Mailing Address 73 N. 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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17368**

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 Altoona State PA Zip Code 16602

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 ▼ **210.00**

Date of Receipt  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17228**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**

**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 89
	<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 Altoona State PA Zip Code 16602

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 ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17342**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11Al.17113**

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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11Al.17229**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**

**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 89
	<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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17343**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

**B. Deborah L. Gerke**  
Full Name (Last, First, Middle Initial)

Mailing Address 9320 Sienna Ridge Drive

City Las Vegas State NV Zip Code 89117

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

Name of Employer HealthSouth Corporation Occupation Hospital Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17231**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Deborah L. Gerke**  
Full Name (Last, First, Middle Initial)

Mailing Address 9320 Sienna Ridge Drive

City Las Vegas State NV Zip Code 89117

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

Name of Employer HealthSouth Corporation Occupation Hospital Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17345**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **35.00**

**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 89
	<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) <b>A. Jerry Gray</b>		Date of Receipt MM / DD / YYYY 10 / 11 / 2013 <b>Transaction ID : SA11AI.17116</b>
Mailing Address 7130 East Saddleback Street Apt. 56		Amount of Each Receipt this Period 56.00
City Mesa	State AZ	Zip Code 85207
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$56, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation SVP Inpatient Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3120.00	

Full Name (Last, First, Middle Initial) <b>B. Jerry Gray</b>		Date of Receipt MM / DD / YYYY 10 / 18 / 2013 <b>Transaction ID : SA11AI.17232</b>
Mailing Address 7130 East Saddleback Street Apt. 56		Amount of Each Receipt this Period 56.00
City Mesa	State AZ	Zip Code 85207
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$56, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation SVP Inpatient Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3176.00	

Full Name (Last, First, Middle Initial) <b>C. Jerry Gray</b>		Date of Receipt MM / DD / YYYY 10 / 31 / 2013 <b>Transaction ID : SA11AI.17346</b>
Mailing Address 7130 East Saddleback Street Apt. 56		Amount of Each Receipt this Period 56.00
City Mesa	State AZ	Zip Code 85207
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$56, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation SVP Inpatient Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3232.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.00
<b>TOTAL</b> 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 89
	<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) <b>A. Nicholas David Hardin</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013
Mailing Address 24014 Clover Trails		<b>Transaction ID : SA11AI.17117</b>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	Payroll Deduction (\$19, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 323.00	

Full Name (Last, First, Middle Initial) <b>B. Nicholas David Hardin</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013
Mailing Address 24014 Clover Trails		<b>Transaction ID : SA11AI.17233</b>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	Payroll Deduction (\$19, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 342.00	

Full Name (Last, First, Middle Initial) <b>C. Nicholas David Hardin</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013
Mailing Address 24014 Clover Trails		<b>Transaction ID : SA11AI.17348</b>
City Katy	State TX	Zip Code 77494
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 19.00
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	Payroll Deduction (\$19, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 361.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> 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 89
	<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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17234**

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17349**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Susan Heath**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2192

City Brentwood State TN Zip Code 37024

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2013**

**Transaction ID : SA11AI.17120**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 89
	<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. Susan Heath**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2192

City Brentwood	State TN	Zip Code 37024
-------------------	-------------	-------------------

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 ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17236**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

**B. Susan Heath**  
Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 2192

City Brentwood	State TN	Zip Code 37024
-------------------	-------------	-------------------

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 ▼ **440.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17351**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 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 ▼ **925.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17122**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>90.00</b>
<b>TOTAL</b> 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 89
	<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) <b>A. William House</b>			Date of Receipt
Mailing Address 1739 Lake Cyrus Club Drive			<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17239</b>
Hoover	AL	35244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction (\$50, 2 weeks)	
HealthSouth	Regional Controller		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="975.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. William House</b>			Date of Receipt
Mailing Address 1739 Lake Cyrus Club Drive			<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17354</b>
Hoover	AL	35244	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction (\$50, 2 weeks)	
HealthSouth	Regional Controller		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1025.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Justin Hunter</b>			Date of Receipt
Mailing Address 5221 42nd Street NW			<input type="text" value="10"/> / <input type="text" value="11"/> / <input type="text" value="2013"/>
City	State	Zip Code	<b>Transaction ID : SA11Al.17123</b>
Washington	DC	20015	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="40.00"/>
Name of Employer	Occupation	Payroll Deduction (\$40, 2 weeks)	
HealthSouth	VP Government and Regulatory Affairs		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
<b>TOTAL</b> 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: PAGE 33 OF 89  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

NAME OF COMMITTEE (In Full)  
**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 ▼ **840.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11AI.17240**  
 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 Occupation VP Government and Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **880.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11AI.17355**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction (\$40, 2 weeks)

**C. 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 ▼ **500.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11AI.17124**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction (\$25, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **105.00**  
**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 89
	<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 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 ▼ **525.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11AI.17241**

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 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 ▼ **550.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11AI.17356**

Amount of Each Receipt this Period **25.00**

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 ▼ **950.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11AI.17125**

Amount of Each Receipt this Period **40.00**

Payroll Deduction (\$40, 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 35 OF 89
	<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 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 ▼ 990.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11AI.17242**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40, 2 weeks)

**B. 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 ▼ 1030.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11AI.17357**  
 Amount of Each Receipt this Period 40.00  
 Payroll Deduction (\$40, 2 weeks)

**C. Jerry Jasper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5911 Richmond Road #4207  
 City Texarkana State TX Zip Code 75503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Hospital CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11AI.17126**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 36 OF 89
	<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. Jerry Jasper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5911 Richmond Road #4207

City Texarkana	State TX	Zip Code 75503
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11AI.17243**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

**B. Jerry Jasper**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5911 Richmond Road #4207

City Texarkana	State TX	Zip Code 75503
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 440.00	

Date of Receipt  
10 / 31 / 2013  
**Transaction ID : SA11AI.17358**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 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 Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11AI.17244**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> 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 89
	<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. 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 Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17359**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 1301 South Lincoln Avenue Apt. 904

City Vineland State NJ Zip Code 08361

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

Name of Employer HealthSouth Corporation Occupation Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17245**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 1301 South Lincoln Avenue Apt. 904

City Vineland State NJ Zip Code 08361

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

Name of Employer HealthSouth Corporation Occupation Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17360**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> 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 89
	<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. 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	Occupation Healthcare Facility Administrator
---------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17246**

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	Occupation Healthcare Facility Administrator
---------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17361**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**C. Sylvia Kelly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 Paa-Ko Drive

City Sandia Park	State NM	Zip Code 87047
---------------------	-------------	-------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17130**

Amount of Each Receipt this Period  
15.00

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> 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 89
	<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) <b>A. Sylvia Kelly</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2013 <b>Transaction ID : SA11AI.17247</b>
Mailing Address 51 Paa-Ko Drive		Amount of Each Receipt this Period 15.00 Payroll Deduction (\$15, 2 weeks)
City Sandia Park	State NM	Zip Code 87047
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>B. Sylvia Kelly</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : SA11AI.17362</b>
Mailing Address 51 Paa-Ko Drive		Amount of Each Receipt this Period 15.00 Payroll Deduction (\$15, 2 weeks)
City Sandia Park	State NM	Zip Code 87047
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Bradford Kennedy</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2013 <b>Transaction ID : SA11AI.17248</b>
Mailing Address 1432 Notting Hill Cove West		Amount of Each Receipt this Period 10.00 Payroll Deduction (\$10, 2 weeks)
City Hernando	State MS	Zip Code 38632
FEC ID number of contributing federal political committee. C		
Name of Employer HealthSouth Corporation	Occupation Hospital CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	40.00
<b>TOTAL</b> 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 89
	<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 1432 Notting Hill Cove West

City Hernando State MS Zip Code 38632

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

Name of Employer HealthSouth Corporation Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17363**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 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 Occupation CFO - Inpatient Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1160.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11Al.17133**

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 Occupation CFO - Inpatient Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1218.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11Al.17250**

Amount of Each Receipt this Period **58.00**

Payroll Deduction (\$58, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **126.00**

**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 89
	<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 Occupation CFO - Inpatient Division  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1276.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17365**  
Amount of Each Receipt this Period **58.00**  
Payroll Deduction (\$58, 2 weeks)

**B. Robert Kronenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8743 W. Tierra Buena Lane  
City Peoria State AZ Zip Code 85382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director of Pharmacy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17251**  
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 W. Tierra Buena Lane  
City Peoria State AZ Zip Code 85382  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director of Pharmacy  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17366**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>78.00</b>
<b>TOTAL</b> 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 89
	<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 CEO

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  
**10 / 11 / 2013**

**Transaction ID : SA11AI.17135**

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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11AI.17252**

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 CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11AI.17367**

Amount of Each Receipt this Period  
**12.00**

Payroll Deduction (\$12, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>36.00</b>
<b>TOTAL</b> 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 89
	<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. Thomas Langley**

Mailing Address 1203 Elm Drive

City Alabaster State AL Zip Code 35007

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 ▼ **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17136**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50, 2 weeks)

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

Mailing Address 1203 Elm Drive

City Alabaster State AL Zip Code 35007

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 ▼ **1050.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17253**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction (\$50, 2 weeks)

Full Name (Last, First, Middle Initial)  
**C. Stephen D. Leasure**

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 Director of General Corp & Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17137**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 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 44 OF 89
<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 Director of General Corp & Securities  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **420.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17254**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20, 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 Director of General Corp & Securities  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **440.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17369**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20, 2 weeks)

**C. Carol Lynne Lee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1811 Martin St So  
 City Pell City State AL Zip Code 35128  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Occupation Director of Risk Management  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **455.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11Al.17138**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>50.00</b>
<b>TOTAL</b> 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 89
	<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 1811 Martin St So

City Pell City State AL Zip Code 35128

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

Name of Employer HealthSouth Occupation Director of Risk Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **465.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17255**

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 1811 Martin St So

City Pell City State AL Zip Code 35128

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

Name of Employer HealthSouth Occupation Director of Risk Management

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  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17370**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 8945 Evening Grove Cr

City Cordova State TN Zip Code 38018

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

Name of Employer HealthSoth Occupation VP, Home Health Operations

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  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17139**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **50.00**

**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 89
	<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 Leech**  
Full Name (Last, First, Middle Initial)

Mailing Address 8945 Evening Grove Cr

City Cordova State TN Zip Code 38018

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

Name of Employer HealthSoth Occupation VP, Home Health Operations

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  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17256**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30, 2 weeks)

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

Mailing Address 8945 Evening Grove Cr

City Cordova State TN Zip Code 38018

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

Name of Employer HealthSoth Occupation VP, Home Health Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17371**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30, 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 Director of Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17140**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75.00</b>
<b>TOTAL</b> 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 89
	<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. 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 Director of Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17257**

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 Director of Risk

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17372**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

**C. Mark Lundvall**  
Full Name (Last, First, Middle Initial)

Mailing Address 5003 Wil-Acre Drive

City Loves Park State IL Zip Code 61111

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 ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17258**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> 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 89
	<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 Lundvall**  
Full Name (Last, First, Middle Initial)

Mailing Address 5003 Wil-Acre Drive

City Loves Park State IL Zip Code 61111

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 ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17373**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 38 Madeline Drive

City Ridgefield State CT Zip Code 06877

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 ▼ **760.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17142**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

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

Mailing Address 38 Madeline Drive

City Ridgefield State CT Zip Code 06877

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 ▼ **798.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17259**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>86.00</b>
<b>TOTAL</b> 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 89
	<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. Peter M. Mantegazza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 38 Madeline Drive  
 City Ridgefield State CT Zip Code 06877  
 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 **836.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11AI.17374**  
 Amount of Each Receipt this Period **38.00**  
 Payroll Deduction (\$38, 2 weeks)

**B. Anita Marban**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3530 Fawn Creek Drive  
 City Kingwood State TX Zip Code 77339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11AI.17260**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

**C. Anita Marban**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3530 Fawn Creek Drive  
 City Kingwood State TX Zip Code 77339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Chief Nursing Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **220.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11AI.17375**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>58.00</b>
<b>TOTAL</b> 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 89
	<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 W. 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 **760.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11Al.17144**  
Amount of Each Receipt this Period **38.00**  
Payroll Deduction (\$38, 2 weeks)

**B. Robert W. 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 **798.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17261**  
Amount of Each Receipt this Period **38.00**  
Payroll Deduction (\$38, 2 weeks)

**C. Robert W. 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 **836.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17376**  
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 51 OF 89
	<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. Maria McElroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2709 East 8th Street

City Tucson State AZ Zip Code 85716

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

Name of Employer HealthSouth Corporation Occupation Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17262**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Maria McElroy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2709 East 8th Street

City Tucson State AZ Zip Code 85716

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

Name of Employer HealthSouth Corporation Occupation Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17378**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 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 Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17146**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35.00</b>
<b>TOTAL</b> 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 89
	<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 Healthcare Facility Administrator
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17263**

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 Healthcare Facility Administrator
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17379**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 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 Director of IT
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17264**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> 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 53 OF 89
	<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. Matthew A. McGuire**

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 Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17380**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)  
**B. Monnie Moore**

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 Director of Pharmacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11Al.17265**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

Full Name (Last, First, Middle Initial)  
**C. Monnie Moore**

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 Director of Pharmacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17381**

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 54 OF 89
	<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 Occupation Director of Quality  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11Al.17149**  
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 Occupation Director of Quality  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 420.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11Al.17266**  
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 Occupation Director of Quality  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 440.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11Al.17382**  
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 55 OF 89
	<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 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 Occupation Regional Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17150**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100, 2 weeks)

**B. Ed 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 Occupation Regional Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17267**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100, 2 weeks)

**C. Ed 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 Occupation Regional Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17383**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> 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 56 OF 89
	<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. 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 Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17268**

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 Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17384**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. 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 ▼ **800.00**

Date of Receipt  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17152**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40, 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 89
	<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 ▼ **840.00**

Date of Receipt  
**10 / 18 / 2013**  
Transaction ID : **SA11Al.17269**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40, 2 weeks)

**B. 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 ▼ **880.00**

Date of Receipt  
**10 / 31 / 2013**  
Transaction ID : **SA11Al.17385**

Amount of Each Receipt this Period  
**40.00**

Payroll Deduction (\$40, 2 weeks)

**C. 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 ▼ **510.00**

Date of Receipt  
**10 / 11 / 2013**  
Transaction ID : **SA11Al.17154**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction (\$30, 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) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 89
	<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. 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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17271**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30, 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 ▼ **570.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17387**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30, 2 weeks)

**C. Shawn Patzkowsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Narrows Peak Circle

City Birmingham	State AL	Zip Code 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 ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17155**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>80.00</b>
<b>TOTAL</b> 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 89
	<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. Shawn Patzkowsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Narrows Peak Circle

City Birmingham	State AL	Zip Code 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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17272**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

**B. Shawn Patzkowsky**  
Full Name (Last, First, Middle Initial)  
Mailing Address 133 Narrows Peak Circle

City Birmingham	State AL	Zip Code 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 ▼ **560.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17388**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

**C. Dawn S. Pearson**  
Full Name (Last, First, Middle Initial)  
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 ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17156**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>60.00</b>
<b>TOTAL</b> 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 89
	<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	<input type="checkbox"/> 17

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

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

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 ▼ **420.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11AI.17273**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 2 weeks)

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

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 ▼ **440.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11AI.17389**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 2 weeks)

**C. Gretchin G. Pecher**  
Full Name (Last, First, Middle Initial)

Mailing Address 9502 Pettswood Dr

City Huntington Beach State CA Zip Code 92646

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

Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11AI.17157**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **55.00**

**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 89
	<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. Gretchin G. Pecher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9502 Pettswood Dr  
City Huntington Beach State CA Zip Code 92646  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **315.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11AI.17274**  
Amount of Each Receipt this Period **15.00**  
Payroll Deduction (\$15, 2 weeks)

**B. Gretchin G. Pecher**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9502 Pettswood Dr  
City Huntington Beach State CA Zip Code 92646  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director of Therapy Operations  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **330.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11AI.17390**  
Amount of Each Receipt this Period **15.00**  
Payroll Deduction (\$15, 2 weeks)

**C. Doni Y. Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5816 Winchester  
City Texarkana State TX Zip Code 75503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Healthsouth Corporation Occupation Director of Marketing  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **210.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11AI.17276**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **40.00**  
**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 89
	<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. Doni Y. Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5816 Winchester

City Texarkana	State TX	Zip Code 75503
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FEC ID number of contributing federal political committee. **C**

Name of Employer Healthsouth Corporation	Occupation Director of Marketing
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 31 / 2013  
**Transaction ID : SA11Al.17392**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**B. Donna M. Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2518 Belmont Terrace #2A

City Fredericksburg	State VA	Zip Code 22401
------------------------	-------------	-------------------

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

Name of Employer HealhtSouth Corporation	Occupation Healthcare Facility Administrator
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
10 / 11 / 2013  
**Transaction ID : SA11Al.17160**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**C. Donna M. Phillips**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2518 Belmont Terrace #2A

City Fredericksburg	State VA	Zip Code 22401
------------------------	-------------	-------------------

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

Name of Employer HealhtSouth Corporation	Occupation Healthcare Facility Administrator
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
460.00

Date of Receipt  
10 / 18 / 2013  
**Transaction ID : SA11Al.17277**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 89
	<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. Donna M. Phillips**  
Full Name (Last, First, Middle Initial)

Mailing Address 2518 Belmont Terrace #2A

City Fredericksburg State VA Zip Code 22401

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 ▼ **470.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11AI.17393**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Troy 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 Occupation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11AI.17278**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Troy 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 Occupation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11AI.17394**

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 64 OF 89
	<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 1379 East Island Place

City Memphis State TN Zip Code 38103

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

Name of Employer HealthSouth Corporation Occupation Director of Corporate Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11AI.17162**

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 1379 East Island Place

City Memphis State TN Zip Code 38103

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

Name of Employer HealthSouth Corporation Occupation Director of Corporate Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **345.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11AI.17279**

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 1379 East Island Place

City Memphis State TN Zip Code 38103

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

Name of Employer HealthSouth Corporation Occupation Director of Corporate Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **365.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11AI.17395**

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 65 OF 89
	<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. 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 ▼ 1900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17163**

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 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 ▼ 1980.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17280**

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 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 ▼ 2060.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17396**

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 66 OF 89
	<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 J. Rosene**  
Full Name (Last, First, Middle Initial)

Mailing Address 16654 West Moreland Street

City	State	Zip Code
Goodyear	AZ	85338

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

Name of Employer	Occupation
HealthSouth Corporation	Regional Director Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17164**

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 16654 West Moreland Street

City	State	Zip Code
Goodyear	AZ	85338

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

Name of Employer	Occupation
HealthSouth Corporation	Regional Director Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17281**

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 16654 West Moreland Street

City	State	Zip Code
Goodyear	AZ	85338

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

Name of Employer	Occupation
HealthSouth Corporation	Regional Director Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17397**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 89
	<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. Duke Saldivar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5004 Rollingwood Drive  
City Austin State TX Zip Code 78746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Facility Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11AI.17283**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10, 2 weeks)

**B. Duke Saldivar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5004 Rollingwood Drive  
City Austin State TX Zip Code 78746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Facility Administrator  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11AI.17399**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10, 2 weeks)

**C. Steve 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 Director of Managed Care  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11AI.17284**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	30.00
<b>TOTAL</b> 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 68 OF 89
	<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 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 Director of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17400**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Carol Sim**  
Full Name (Last, First, Middle Initial)

Mailing Address 8331 Chinaberry Road

City Vero Beach State FL Zip Code 32964

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

Name of Employer HealthSouth Corporation Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17287**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Carol Sim**  
Full Name (Last, First, Middle Initial)

Mailing Address 8331 Chinaberry Road

City Vero Beach State FL Zip Code 32964

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

Name of Employer HealthSouth Corporation Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17403**

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 69 OF 89
	<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 204 Lyttleton Way

City Anderson State SC Zip Code 29621

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 ▼ **230.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11Al.17171**

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 204 Lyttleton Way

City Anderson State SC Zip Code 29621

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 **10 / 18 / 2013**

**Transaction ID : SA11Al.17288**

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 204 Lyttleton Way

City Anderson State SC Zip Code 29621

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 ▼ **270.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17404**

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 70 OF 89
	<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. Lisa Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 127 Conroy Road

City Sterret	State AL	Zip Code 35147
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17289**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. Lisa Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 127 Conroy Road

City Sterret	State AL	Zip Code 35147
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17405**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**C. Walter Smith**  
Full Name (Last, First, Middle Initial)  
Mailing Address 728 Ridge Way Circle

City Birmingham	State AL	Zip Code 35226
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17173**

Amount of Each Receipt this Period  
**15.00**

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>35.00</b>
<b>TOTAL</b> 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 89
	<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. Walter Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 728 Ridge Way Circle

City	State	Zip Code
Birmingham	AL	35226

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

Name of Employer	Occupation
HealthSouth Corporation	Director of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17290**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address 728 Ridge Way Circle

City	State	Zip Code
Birmingham	AL	35226

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

Name of Employer	Occupation
HealthSouth Corporation	Director of Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17406**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**C. Karen Spencer**  
Full Name (Last, First, Middle Initial)

Mailing Address 2520 Oakleaf Circle

City	State	Zip Code
Bessemer	AL	35022

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

Name of Employer	Occupation
HealthSouth Corporation	Director of Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17291**

Amount of Each Receipt this Period  

10.00
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Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>40.00</b>
<b>TOTAL</b> 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 72 OF 89
	<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 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 Director of Tax  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11Al.17407**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10, 2 weeks)

**B. Darla 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 Director of Case Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11Al.17292**  
Amount of Each Receipt this Period 10.00  
Payroll Deduction (\$10, 2 weeks)

**C. Darla 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 Director of Case Management  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11Al.17408**  
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 73 OF 89
	<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. Dean Taggart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Guardbridge Court

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

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

Name of Employer HealthSouth Corporation	Occupation VP Internal Audit
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17176**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**B. Dean Taggart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Guardbridge Court

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

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

Name of Employer HealthSouth Corporation	Occupation VP Internal Audit
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17293**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**C. Dean Taggart**  
Full Name (Last, First, Middle Initial)  
Mailing Address 704 Guardbridge Court

City Birmingham	State AL	Zip Code 35242
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation VP Internal Audit
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17409**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>45.00</b>
<b>TOTAL</b> 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 74 OF 89  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

**A. 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 ▼ 2300.00  
 Date of Receipt 10 / 11 / 2013  
**Transaction ID : SA11Al.17178**  
 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 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 ▼ 2415.00  
 Date of Receipt 10 / 18 / 2013  
**Transaction ID : SA11Al.17294**  
 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 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 ▼ 2530.00  
 Date of Receipt 10 / 31 / 2013  
**Transaction ID : SA11Al.17410**  
 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 75 OF 89
	<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) <b>A. Sheila Terry</b>			Date of Receipt 10 / 11 / 2013 <b>Transaction ID : SA11Al.17179</b>
Mailing Address 177 Wisteria Dr.			Amount of Each Receipt this Period 15.00 Payroll Deduction (\$15, 2 weeks)
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 ▼ 255.00		

Full Name (Last, First, Middle Initial) <b>B. Sheila Terry</b>			Date of Receipt 10 / 18 / 2013 <b>Transaction ID : SA11Al.17295</b>
Mailing Address 177 Wisteria Dr.			Amount of Each Receipt this Period 15.00 Payroll Deduction (\$15, 2 weeks)
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 ▼ 270.00		

Full Name (Last, First, Middle Initial) <b>C. Sheila Terry</b>			Date of Receipt 10 / 31 / 2013 <b>Transaction ID : SA11Al.17411</b>
Mailing Address 177 Wisteria Dr.			Amount of Each Receipt this Period 15.00 Payroll Deduction (\$15, 2 weeks)
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 ▼ 285.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 89
	<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 Director of Pharmacy

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  
**10 / 11 / 2013**

**Transaction ID : SA11Al.17181**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 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 Director of Pharmacy

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  
**10 / 18 / 2013**

**Transaction ID : SA11Al.17297**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 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 Director of Pharmacy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **290.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 31 / 2013**

**Transaction ID : SA11Al.17414**

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 77 OF 89
	<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) <b>A. Michael G. Treadway</b>		Date of Receipt 10 / 11 / 2013 <b>Transaction ID : SA11AI.17182</b>
Mailing Address 109 West Hoskins Street		Amount of Each Receipt this Period 15.00
City New Boston	State TX	Zip Code 75570
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$15, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Controller	
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) <b>B. Michael G. Treadway</b>		Date of Receipt 10 / 18 / 2013 <b>Transaction ID : SA11AI.17298</b>
Mailing Address 109 West Hoskins Street		Amount of Each Receipt this Period 15.00
City New Boston	State TX	Zip Code 75570
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$15, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 315.00	

Full Name (Last, First, Middle Initial) <b>C. Michael G. Treadway</b>		Date of Receipt 10 / 31 / 2013 <b>Transaction ID : SA11AI.17415</b>
Mailing Address 109 West Hoskins Street		Amount of Each Receipt this Period 15.00
City New Boston	State TX	Zip Code 75570
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$15, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> 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 89
	<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) <b>A. Enrique Alberto Vicens-Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 11 / 2013 <b>Transaction ID : SA11Al.17183</b>
Mailing Address PO Box 1992		Amount of Each Receipt this Period 19.00
City Guaynabo	State PR	Zip Code 00970
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$19, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

Full Name (Last, First, Middle Initial) <b>B. Enrique Alberto Vicens-Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 18 / 2013 <b>Transaction ID : SA11Al.17299</b>
Mailing Address PO Box 1992		Amount of Each Receipt this Period 19.00
City Guaynabo	State PR	Zip Code 00970
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$19, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 399.00	

Full Name (Last, First, Middle Initial) <b>C. Enrique Alberto Vicens-Rivera</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2013 <b>Transaction ID : SA11Al.17416</b>
Mailing Address PO Box 1992		Amount of Each Receipt this Period 19.00
City Guaynabo	State PR	Zip Code 00970
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$19, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation Hospital Administration	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 418.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	57.00
<b>TOTAL</b> 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 89
	<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. 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 ▼ **592.50**

Date of Receipt  
**10 / 11 / 2013**  
Transaction ID : **SA11Al.17184**

Amount of Each Receipt this Period  
**28.50**

Payroll Deduction (\$28.50, 2 weeks)

**B. 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 ▼ **621.00**

Date of Receipt  
**10 / 18 / 2013**  
Transaction ID : **SA11Al.17300**

Amount of Each Receipt this Period  
**28.50**

Payroll Deduction (\$28.50, 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 ▼ **649.50**

Date of Receipt  
**10 / 31 / 2013**  
Transaction ID : **SA11Al.17417**

Amount of Each Receipt this Period  
**28.50**

Payroll Deduction (\$28.50, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **85.50**

**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 89
<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) <b>A. Tricia A. Wells</b>		Date of Receipt 10 / 18 / 2013 <b>Transaction ID : SA11Al.17302</b>
Mailing Address 2660 Piedmont Dr		Amount of Each Receipt this Period 10.00
City Bessemer	State AL	Zip Code 35022
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

Full Name (Last, First, Middle Initial) <b>B. Tricia A. Wells</b>		Date of Receipt 10 / 31 / 2013 <b>Transaction ID : SA11Al.17419</b>
Mailing Address 2660 Piedmont Dr		Amount of Each Receipt this Period 10.00
City Bessemer	State AL	Zip Code 35022
FEC ID number of contributing federal political committee. C	Payroll Deduction (\$10, 2 weeks)	
Name of Employer HealthSouth Corporation	Occupation Director of Human Resources	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>C. John Whittington</b>		Date of Receipt 10 / 11 / 2013 <b>Transaction ID : SA11Al.17187</b>
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	Occupation General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3552.60	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	197.63
<b>TOTAL</b> 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 89
	<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 Whittington**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Watkins Glen Drive

City Birmingham State AL Zip Code 35216

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

Name of Employer HealthSouth Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3730.23**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11Al.17303**

Amount of Each Receipt this Period **177.63**

Payroll Deduction (\$177.63, 2 weeks)

**B. John Whittington**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Watkins Glen Drive

City Birmingham State AL Zip Code 35216

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

Name of Employer HealthSouth Occupation General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3907.86**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17420**

Amount of Each Receipt this Period **177.63**

Payroll Deduction (\$177.63, 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 Occupation Senior VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11Al.17188**

Amount of Each Receipt this Period **70.00**

Payroll Deduction (\$70, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **425.26**

**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 82 OF 89
	<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
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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 ▼ **1470.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17304**

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
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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 ▼ **1540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17421**

Amount of Each Receipt this Period  

70.00
-------

Payroll Deduction (\$70, 2 weeks)

**C. Donn G. Willey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Riverchase Trails

City Hoover	State AL	Zip Code 35244
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation National Director of Compensation
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17189**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.00</b>
<b>TOTAL</b> 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 83 OF 89
	<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. Donn G. Willey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 123 Riverchase Trails  
City Hoover State AL Zip Code 35244  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation National Director of Compensation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **10 / 18 / 2013**  
**Transaction ID : SA11Al.17305**  
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 123 Riverchase Trails  
City Hoover State AL Zip Code 35244  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation National Director of Compensation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **10 / 31 / 2013**  
**Transaction ID : SA11Al.17422**  
Amount of Each Receipt this Period **15.00**  
Payroll Deduction (\$15, 2 weeks)

**C. Arthur E Wilson Jr.**  
Full Name (Last, First, Middle Initial)  
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 ▼ **1538.40**

Date of Receipt **10 / 11 / 2013**  
**Transaction ID : SA11Al.17190**  
Amount of Each Receipt this Period **76.92**  
Payroll Deduction (\$76.92, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>106.92</b>
<b>TOTAL</b> 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 84 OF 89
	<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. Arthur E Wilson Jr.**  
Full Name (Last, First, Middle Initial)

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 ▼ **1615.32**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17306**

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 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 ▼ **1692.24**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17423**

Amount of Each Receipt this Period  
**76.92**

Payroll Deduction (\$76.92, 2 weeks)

**C. John Ryan Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2016 Eagle Valley Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation VP of Managed Care

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  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17191**

Amount of Each Receipt this Period  
**12.00**

Payroll Deduction (\$12, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.84</b>
<b>TOTAL</b> 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 85 OF 89
	<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 2016 Eagle Valley Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation VP of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2013  
**Transaction ID : SA11Al.17307**

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 2016 Eagle Valley Drive

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation VP of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **264.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2013  
**Transaction ID : SA11Al.17424**

Amount of Each Receipt this Period  
**12.00**

Payroll Deduction (\$12, 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 Occupation SVP Reimbursement

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  
 10 / 11 / 2013  
**Transaction ID : SA11Al.17192**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction (\$25, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>49.00</b>
<b>TOTAL</b> 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 86 OF 89
	<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 Occupation SVP Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **10 / 18 / 2013**

**Transaction ID : SA11Al.17308**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 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 Occupation SVP Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **10 / 31 / 2013**

**Transaction ID : SA11Al.17425**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

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

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 ▼ **225.00**

Date of Receipt **10 / 11 / 2013**

**Transaction ID : SA11Al.17193**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **65.00**

**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 87 OF 89
	<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 Wittig**  
Full Name (Last, First, Middle Initial)

Mailing Address 656 Bluff Park Road

City Hoover	State AL	Zip Code 35226
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth	Occupation Director, Contract Management
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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
10	/	18	/	2013

**Transaction ID : SA11Al.17309**

Amount of Each Receipt this Period  

68.00	68.00	68.00	68.00	68.00
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**15.00**

Payroll Deduction (\$15, 2 weeks)

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

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 ▼ **255.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17426**

Amount of Each Receipt this Period  

68.00	68.00	68.00	68.00	68.00
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**15.00**

Payroll Deduction (\$15, 2 weeks)

**C. Russell Yeager**  
Full Name (Last, First, Middle Initial)

Mailing Address 628 Springbank Terrace

City Birmingham	State AL	Zip Code 35242
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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 ▼ **475.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2013

**Transaction ID : SA11Al.17194**

Amount of Each Receipt this Period  

68.00	68.00	68.00	68.00	68.00
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**38.00**

Payroll Deduction (\$38, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>68.00</b>
<b>TOTAL</b> 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 88 OF 89  
(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. 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 ▼  
513.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	18	/	2013

**Transaction ID : SA11Al.17310**

Amount of Each Receipt this Period  
38.00

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)  
**B. 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 ▼  
551.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

**Transaction ID : SA11Al.17427**

Amount of Each Receipt this Period  
38.00

Payroll Deduction (\$38, 2 weeks)

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

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	76.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7168.15



**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 PAT TOOMEY**

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name  
**PATRICK JOSEPH TOOMEY**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: PA District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : SB23.17078**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

**B. LYNN JENKINS FOR CONGRESS**

Mailing Address P.O. BOX 1441

City TOPEKA State KS Zip Code 66601

Purpose of Disbursement

Candidate Name  
**LYNN JENKINS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : SB23.17077**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement

Candidate Name  
**VERNON BUCHANAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 16

Date of Disbursement

M M / D D / Y Y Y Y Y  
10 / 22 / 2013

**Transaction ID : SB23.17079**

Amount of Each Disbursement this Period

1000.00

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

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

6000.00

6000.00