



**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="2014"/>		29357.54
(b) Cash on Hand at Beginning of Reporting Period.....	40904.75	
(c) Total Receipts (from Line 19) .....	7610.48	44488.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	48515.23	73845.66
7. Total Disbursements (from Line 31).....	16000.00	41330.43
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32515.23	32515.23
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: 06 / 01 / 2014 To: 06 / 30 / 2014

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).....	3860.10	16448.68
(ii) Unitemized .....	1250.38	17039.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5110.48	33488.12
(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) .....	5110.48	33488.12
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.....	2500.00	11000.00
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))..... ▶	7610.48	44488.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7610.48	44488.12

**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	2300.43
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	2300.43
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	39000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	30.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	30.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16000.00	41330.43
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	41330.43

**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) .....	5110.48	33488.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	30.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5110.48	33458.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	2300.43
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	2300.43

**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 39
	<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 **240.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : SA11AI.19160**  
 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 **260.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19267**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20, 2 weeks)

**C. Kenneth J Anthony**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 734 10th Street  
 City Oakmont State PA Zip Code 15139  
 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 **240.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : SA11AI.19163**  
 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 39
<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 Oakmont	State PA	Zip Code 15139
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Administrator
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11AI.19270**

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 Panama City Beach	State FL	Zip Code 32408
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Administrator
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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
06	/	13	/	2014

**Transaction ID : SA11AI.19165**

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 Panama City Beach	State FL	Zip Code 32408
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Administrator
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11AI.19272**

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 8 OF 39
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	<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 ▼ **240.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.19166**

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 ▼ **260.00**

Date of Receipt **06 / 20 / 2014**  
Transaction ID : **SA11AI.19273**

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 ▼ **240.00**

Date of Receipt **06 / 13 / 2014**  
Transaction ID : **SA11AI.19167**

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 9 OF 39
	<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 ▼ **260.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : SA11AI.19274**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 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 ▼ **240.00**

Date of Receipt **06 / 13 / 2014**

**Transaction ID : SA11AI.19168**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 2 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 ▼ **260.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : SA11AI.19275**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 2 weeks)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 39
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Frank Brown, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 24507 Old Windmill Trail

City Hockley	State TX	Zip Code 77447
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Regional President
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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
06	/	13	/	2014

**Transaction ID : SA11Al.19169**

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
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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 ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11Al.19276**

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
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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 ▼ **228.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19170**

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 11 OF 39
	<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 ▼ 247.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11AI.19277**  
Amount of Each Receipt this Period 19.00  
Payroll Deduction (\$19, 2 weeks)

**B. Michael L. Bullitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3711 Kessler  
City Wichita Falls State TX Zip Code 76309  
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 ▼ 240.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : SA11AI.19172**  
Amount of Each Receipt this Period 20.00  
Payroll Deduction (\$20, 2 weeks)

**C. Michael L. Bullitt**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3711 Kessler  
City Wichita Falls State TX Zip Code 76309  
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 ▼ 260.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11AI.19279**  
Amount of Each Receipt this Period 20.00  
Payroll Deduction (\$20, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 59.00  
**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 12 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ 288.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : SA11Al.19175**  
 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 ▼ 312.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11Al.19282**  
 Amount of Each Receipt this Period 24.00  
 Payroll Deduction (\$24, 2 weeks)

**C. Dr. Dexanne B. Clohan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2351 River Grand Drive  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Chief Medical Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2304.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : SA11Al.19178**  
 Amount of Each Receipt this Period 192.00  
 Payroll Deduction (\$192, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	240.00
<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: PAGE 13 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. 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 ▼ 2496.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11Al.19285**  
 Amount of Each Receipt this Period 192.00  
 Payroll Deduction (\$192, 2 weeks)

**B. Kevin R. Conn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10456 N.W. 48th Manor  
 City Coral Springs State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Vice President - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : SA11Al.19180**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20, 2 weeks)

**C. Kevin R. Conn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10456 N.W. 48th Manor  
 City Coral Springs State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Vice President - Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11Al.19287**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction (\$20, 2 weeks)

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 39
	<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. 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 ▼ **996.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : SA11Al.19188**

Amount of Each Receipt this Period  
**83.00**

Payroll Deduction (\$83, 2 weeks)

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

Mailing Address 527 Valley Road

City Birmingham State AL Zip Code 35206

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

Name of Employer HealthSouth Corporation Occupation SVP Treasury

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1079.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11Al.19295**

Amount of Each Receipt this Period  
**83.00**

Payroll Deduction (\$83, 2 weeks)

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

Mailing Address 7130 East Saddleback Street Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation SVP Inpatient Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **672.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : SA11Al.19193**

Amount of Each Receipt this Period  
**56.00**

Payroll Deduction (\$56, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **222.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 39
	<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 Gray**  
Full Name (Last, First, Middle Initial)

Mailing Address 7130 East Saddleback Street  
Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation SVP Inpatient Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **728.00**

Date of Receipt  
**06 / 20 / 2014**  
Transaction ID : **SA11AI.19300**

Amount of Each Receipt this Period  
**56.00**

Payroll Deduction (\$56, 2 weeks)

**B. Nicholas David Hardin**  
Full Name (Last, First, Middle Initial)

Mailing Address 24014 Clover Trails

City Katy State TX Zip Code 77494

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

Name of Employer HealthSouth Corporation Occupation Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt  
**06 / 13 / 2014**  
Transaction ID : **SA11AI.19194**

Amount of Each Receipt this Period  
**19.00**

Payroll Deduction (\$19, 2 weeks)

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

Mailing Address 24014 Clover Trails

City Katy State TX Zip Code 77494

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

Name of Employer HealthSouth Corporation Occupation Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt  
**06 / 20 / 2014**  
Transaction ID : **SA11AI.19301**

Amount of Each Receipt this Period  
**19.00**

Payroll Deduction (\$19, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **94.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 39
	<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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19197**

Amount of Each Receipt this Period  
200.00

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11AI.19304**

Amount of Each Receipt this Period  
200.00

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19200**

Amount of Each Receipt this Period  
50.00

Payroll Deduction (\$50, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<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 17 OF 39
	<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 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 **650.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19307**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction (\$50, 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 **480.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : SA11AI.19201**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40, 2 weeks)

**C. Justin Hunter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5221 42nd Street NW  
City Washington State DC Zip Code 20015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Occupation VP Government and Regulatory Affairs  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **520.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19308**  
Amount of Each Receipt this Period **40.00**  
Payroll Deduction (\$40, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**  
**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 18 OF 39  
(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. W. Anthony Jackson**

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19202**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction (\$25, 2 weeks)

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

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 ▼ **325.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11AI.19309**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction (\$25, 2 weeks)

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

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 ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19203**

Amount of Each Receipt this Period  

40.00
-------

Payroll Deduction (\$40, 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:	PAGE 19 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. 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 ▼ **520.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19310**  
 Amount of Each Receipt this Period **40.00**  
 Payroll Deduction (\$40, 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:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : SA11AI.19204**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20, 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 ▼ **260.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19311**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction (\$20, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**  
**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 20 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Mike Kindle**

Mailing Address 828 Aberlady Place

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation VP, Information Technology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **342.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11Al.19210**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)  
**B. Mike Kindle**

Mailing Address 828 Aberlady Place

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Corporation Occupation VP, Information Technology

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 20 / 2014  
**Transaction ID : SA11Al.19317**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

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

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 ▼ **696.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2014  
**Transaction ID : SA11Al.19212**

Amount of Each Receipt this Period  
**58.00**

Payroll Deduction (\$58, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **134.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 39
	<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	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth	CFO - Inpatient Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **754.00**

Date of Receipt  
**06 / 20 / 2014**  
**Transaction ID : SA11Al.19319**

Amount of Each Receipt this Period  
**58.00**

Payroll Deduction (\$58, 2 weeks)

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

Mailing Address 675 Shades Crest Road

City	State	Zip Code
Hoover	AL	35226

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

Name of Employer	Occupation
HealthSouth Corporation	Director of General Corp & Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt  
**06 / 13 / 2014**  
**Transaction ID : SA11Al.19215**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 675 Shades Crest Road

City	State	Zip Code
Hoover	AL	35226

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

Name of Employer	Occupation
HealthSouth Corporation	Director of General Corp & Securities

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
**06 / 20 / 2014**  
**Transaction ID : SA11Al.19322**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>98.00</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 22 OF 39  
(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. Robert Leech**

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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19217**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30, 2 weeks)

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

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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11AI.19324**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction (\$30, 2 weeks)

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

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 ▼ **456.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11AI.19220**

Amount of Each Receipt this Period  

38.00
-------

Payroll Deduction (\$38, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>98.00</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 23 OF 39
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Peter M. Mantegazza</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 <b>Transaction ID : SA11Al.19327</b>
Mailing Address 38 Madeline Drive		Amount of Each Receipt this Period 38.00 Payroll Deduction (\$38, 2 weeks)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

Full Name (Last, First, Middle Initial) <b>B. Robert W. McCallum III</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : SA11Al.19222</b>
Mailing Address 3405 Watertown Place		Amount of Each Receipt this Period 38.00 Payroll Deduction (\$38, 2 weeks)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 456.00	

Full Name (Last, First, Middle Initial) <b>C. Robert W. McCallum III</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 <b>Transaction ID : SA11Al.19329</b>
Mailing Address 3405 Watertown Place		Amount of Each Receipt this Period 38.00 Payroll Deduction (\$38, 2 weeks)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 494.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	114.00
<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 39
	<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. 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19226**

Amount of Each Receipt this Period  
200.00

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11Al.19333**

Amount of Each Receipt this Period  
200.00

Payroll Deduction (\$20, 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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19227**

Amount of Each Receipt this Period  
100.00

Payroll Deduction (\$100, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	140.00
<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 25 OF 39
	<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 ▼ 1300.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11Al.19334**

Amount of Each Receipt this Period 100.00

Payroll Deduction (\$100, 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 ▼ 480.00

Date of Receipt 06 / 13 / 2014  
**Transaction ID : SA11Al.19229**

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40, 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 ▼ 520.00

Date of Receipt 06 / 20 / 2014  
**Transaction ID : SA11Al.19336**

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional).....▶ 180.00

**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 39
	<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. Patricia Ostaszewski</b>		Date of Receipt
Mailing Address 54 Bay Way Drive		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Brick	State NJ	Zip Code 08723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.19230</b>
Name of Employer HealthSouth		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation VP Operations		Payroll Deduction (\$30, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="360.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Patricia Ostaszewski</b>		Date of Receipt
Mailing Address 54 Bay Way Drive		<input type="text" value="06"/> / <input type="text" value="20"/> / <input type="text" value="2014"/>
City Brick	State NJ	Zip Code 08723
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.19337</b>
Name of Employer HealthSouth		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation VP Operations		Payroll Deduction (\$30, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="390.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Dawn S. Pearson</b>		Date of Receipt
Mailing Address 22 Linda Lane		<input type="text" value="06"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City Egg Harbor Township	State NJ	Zip Code 08234
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : SA11AI.19231</b>
Name of Employer HealthSouth Corporation		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation Human Resources Director		Payroll Deduction (\$20, 2 weeks)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="240.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
<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: (check only one)	PAGE 27 OF 39
<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. 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 **260.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19338**  
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 **240.00**

Date of Receipt **06 / 13 / 2014**  
**Transaction ID : SA11AI.19237**  
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 **260.00**

Date of Receipt **06 / 20 / 2014**  
**Transaction ID : SA11AI.19344**  
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 28 OF 39
	<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. Andrew L. Price**

Mailing Address 381 Greystone Glen Circle

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Accounting Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19238**

Amount of Each Receipt this Period  

80.00
-------

Payroll Deduction (\$80, 2 weeks)

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

Mailing Address 381 Greystone Glen Circle

City	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth Corporation	Chief Accounting Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1040.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11Al.19345**

Amount of Each Receipt this Period  

80.00
-------

Payroll Deduction (\$80, 2 weeks)

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

Mailing Address 1827 Sentry Oak Court

City	State	Zip Code
Orange Park	FL	32003

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

Name of Employer	Occupation
HealthSouth Corporation	Regional Chief Nursing Officer

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
06	/	13	/	2014

**Transaction ID : SA11Al.19242**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>180.00</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 29 OF 39
	<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. Kathleen A. Shafer**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 Sentry Oak Court

City Orange Park State FL Zip Code 32003

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

Name of Employer HealthSouth Corporation Occupation Regional Chief Nursing Officer

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : SA11AI.19349**

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 ▼ **240.00**

Date of Receipt **06 / 13 / 2014**

**Transaction ID : SA11AI.19244**

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 ▼ **260.00**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : SA11AI.19351**

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 30 OF 39
	<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 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 ▼  
1380.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19250**

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 ▼  
1495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2014

**Transaction ID : SA11Al.19357**

Amount of Each Receipt this Period  
115.00

Payroll Deduction (\$115, 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	13	/	2014

**Transaction ID : SA11Al.19253**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	250.00
<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 31 OF 39
	<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. Curtis H. Traylor**

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 ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.19360**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

Full Name (Last, First, Middle Initial)  
**B. Enrique Alberto Vicens-Rivera**

Mailing Address PO Box 1992

City Guaynabo State PR Zip Code 00970

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

Name of Employer HealthSouth Corporation Occupation Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **228.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 13 / 2014**

**Transaction ID : SA11AI.19255**

Amount of Each Receipt this Period  
**19.00**

Payroll Deduction (\$19, 2 weeks)

Full Name (Last, First, Middle Initial)  
**C. Enrique Alberto Vicens-Rivera**

Mailing Address PO Box 1992

City Guaynabo State PR Zip Code 00970

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

Name of Employer HealthSouth Corporation Occupation Hospital Administration

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **247.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 20 / 2014**

**Transaction ID : SA11AI.19362**

Amount of Each Receipt this Period  
**19.00**

Payroll Deduction (\$19, 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 32 OF 39
	<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. Andrew Ward</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : SA11Al.19256</b>
Mailing Address 1100 27th Street South #1004		Amount of Each Receipt this Period 28.50 Payroll Deduction (\$28.50, 2 weeks)
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: <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>B. Andrew Ward</b>		Date of Receipt MM / DD / YYYY 06 / 20 / 2014 <b>Transaction ID : SA11Al.19363</b>
Mailing Address 1100 27th Street South #1004		Amount of Each Receipt this Period 28.50 Payroll Deduction (\$28.50, 2 weeks)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 370.50	

Full Name (Last, First, Middle Initial) <b>C. John Whittington</b>		Date of Receipt MM / DD / YYYY 06 / 13 / 2014 <b>Transaction ID : SA11Al.19259</b>
Mailing Address 2716 Watkins Glen Drive		Amount of Each Receipt this Period 177.63 Payroll Deduction (\$177.63, 2 weeks)
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2131.56	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	234.63
<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 33 OF 39
	<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 ▼ 2309.19

Date of Receipt 06 / 20 / 2014  
Transaction ID : SA11Al.19366

Amount of Each Receipt this Period 177.63

Payroll Deduction (\$177.63, 2 weeks)

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

Mailing Address 2335 Ridge Trail

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation Senior VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 840.00

Date of Receipt 06 / 13 / 2014  
Transaction ID : SA11Al.19260

Amount of Each Receipt this Period 70.00

Payroll Deduction (\$70, 2 weeks)

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

Mailing Address 2335 Ridge Trail

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation Senior VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 910.00

Date of Receipt 06 / 20 / 2014  
Transaction ID : SA11Al.19367

Amount of Each Receipt this Period 70.00

Payroll Deduction (\$70, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 317.63

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 39
	<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 ▼ **923.04**

Date of Receipt **06 / 13 / 2014**

**Transaction ID : SA11Al.19262**

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 ▼ **999.96**

Date of Receipt **06 / 20 / 2014**

**Transaction ID : SA11Al.19369**

Amount of Each Receipt this Period **76.92**

Payroll Deduction (\$76.92, 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 ▼ **300.00**

Date of Receipt **06 / 13 / 2014**

**Transaction ID : SA11Al.19264**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **178.84**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 39  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 1020 Eagle Lake Circle

City Birmingham State AL Zip Code 35242

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

Name of Employer HealthSouth Occupation SVP Reimbursement

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
**06 / 20 / 2014**  
**Transaction ID : SA11Al.19371**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction (\$25, 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 ▼ **456.00**

Date of Receipt  
**06 / 13 / 2014**  
**Transaction ID : SA11Al.19266**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)  
**C. 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 ▼ **494.00**

Date of Receipt  
**06 / 20 / 2014**  
**Transaction ID : SA11Al.19373**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>101.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>3860.10</b>

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

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

FOR LINE NUMBER: PAGE 36 OF 39  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input checked="" 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. FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

FEC ID number of contributing federal political committee. **C** C00306704

Name of Employer Occupation

Receipt For: 2014  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2014

**Transaction ID : SA16.19383**

Amount of Each Receipt this Period  
2500.00

Void Check #1416 from 07/24/13

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.**

Mailing Address P.O. BOX 11091

City State Zip Code  
CHATTANOOGA TN 37401

Purpose of Disbursement

Candidate Name

**CHARLES J FLEISCHMANN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 03

Date of Disbursement

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

**Transaction ID : SB23.19156**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JIM CLYBURN**

Mailing Address Post Office Box 12567

City State Zip Code  
Columbia SC 29211

Purpose of Disbursement

Candidate Name

**JAMES E CLYBURN**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

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

**Transaction ID : SB23.19158**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF MARK WARNER**

Mailing Address 201 NORTH UNION STREET SUITE 300

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement

Candidate Name

**MARK ROBERT WARNER**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: VA District: 00

Date of Disbursement

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

**Transaction ID : SB23.19155**

Amount of Each Disbursement this Period

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF SESSIONS SENATE COMMITTEE INC**

Mailing Address P O BOX 4278

City MONTGOMERY State AL Zip Code 36103

Purpose of Disbursement

Candidate Name  
**JEFFERSON B SESSIONS**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SB23.19379**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address PO BOX 3986

City WASHINGTON State DC Zip Code 20027

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SB23.19152**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. RYAN FOR CONGRESS, INC.**

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name  
**PAUL D RYAN**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		23		2014

**Transaction ID : SB23.19153**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00
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# 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. SHORE PAC

Mailing Address P.O. BOX 3157

City State Zip Code  
LONG BRANCH NJ 07740

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2014

Transaction ID : SB23.19157

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

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

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

1000.00
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16000.00
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