

# 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

Check if different than previously reported. (ACC) Birmingham AL 35243

2. **FEC IDENTIFICATION NUMBER** ▼ C C00414649 **CITY** ▲ **STATE** ▲ **ZIP CODE** ▲

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

Primary (12P)  General (12G)  Runoff (12R)

Convention (12C)  Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

General (30G)  Runoff (30R)  Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 12 / 01 / 2013 through M M M / D D D / Y Y Y Y Y Y 12 / 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 M M M / D D D / Y Y Y Y Y Y 01 / 27 / 2014

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.....	24151.06	
(c) Total Receipts (from Line 19) .....	5206.48	91184.74
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29357.54	121546.38
7. Total Disbursements (from Line 31).....	0.00	92188.84
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29357.54	29357.54
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**HealthSouth Corporation Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4932.10	66198.33
(ii) Unitemized .....	274.38	21486.41
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5206.48	87684.74
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5206.48	87684.74
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	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))..... ▶	5206.48	91184.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5206.48	91184.74

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	91000.00
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)) ..	0.00	92188.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	92188.84

**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) .....	5206.48	87684.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	260.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5206.48	87424.74
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Steven Charles Adams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 37 Louanis Drive

City Reading	State MA	Zip Code 01867
-----------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Regional Director of Marketing
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17664**

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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17777**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

**C. Steven L. Alwine**  
Full Name (Last, First, Middle Initial)  
Mailing Address 792 West Aaron Drive

City State College	State PA	Zip Code 16803
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth Corporation	Occupation Healthcare Facility Controller
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17665**

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 7 OF 67
	<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 ▼  
260.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17778**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 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 ▼  
500.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11Al.17667**

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 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 ▼  
520.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17780**

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: (check only one)	PAGE 8 OF 67
	<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 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
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17669**

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
---------------------------	-------------	-------------------

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 ▼ **445.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11AI.17782**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 175 Central Street

City North Reading	State MA	Zip Code 01864
-----------------------	-------------	-------------------

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

Name of Employer HealthSouth Corporation	Occupation Regional Director of Managed Care
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17670**

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 9 OF 67
	<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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17783**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 8291 Deerbrook Circle

City Sarasota State FL Zip Code 34238

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

Name of Employer HealthSouth Corporation Occupation Hospital CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17672**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20, 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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17785**

Amount of Each Receipt this Period  
 20.00

Payroll Deduction (\$20, 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: PAGE 10 OF 67  
(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. Jennifer Brewer**  
 Mailing Address 6613 Fox View Drive  
 City State Zip Code  
 Edwardsville IL 62025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Hospital Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 380.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17673**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20, 2 weeks)

Full Name (Last, First, Middle Initial)  
**B. Jennifer Brewer**  
 Mailing Address 6613 Fox View Drive  
 City State Zip Code  
 Edwardsville IL 62025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Hospital Administrator  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17786**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction (\$20, 2 weeks)

Full Name (Last, First, Middle Initial)  
**C. Frank Brown, Jr.**  
 Mailing Address 24507 Old Windmill Trail  
 City State Zip Code  
 Hockley TX 77447  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HealthSouth Corporation Regional President  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17674**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction (\$40, 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: (check only one)	PAGE 11 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 24507 Old Windmill Trail

City Hockley State TX Zip Code 77447

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

Name of Employer HealthSouth Corporation Occupation Regional President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1040.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17787**

Amount of Each Receipt this Period 40.00

Payroll Deduction (\$40, 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 ▼ 475.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17675**

Amount of Each Receipt this Period 19.00

Payroll Deduction (\$19, 2 weeks)

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

Mailing Address 5217 Meadow Garden Lane

City Birmingham State AL Zip Code 35242

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

Name of Employer Healthsouth Occupation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 494.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17788**

Amount of Each Receipt this Period 19.00

Payroll Deduction (\$19, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 78.00

**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 67  
(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. Phylis A. Buck**

Mailing Address **PO Box 770068**

City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38177</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>HealthSouth Corporation</b>	Occupation <b>Hospital Controller</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17676**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address **PO Box 770068**

City <b>Memphis</b>	State <b>TN</b>	Zip Code <b>38177</b>
------------------------	--------------------	--------------------------

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

Name of Employer <b>HealthSouth Corporation</b>	Occupation <b>Hospital Controller</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17789**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address **3711 Kessler**

City <b>Wichita Falls</b>	State <b>TX</b>	Zip Code <b>76309</b>
------------------------------	--------------------	--------------------------

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

Name of Employer <b>HealthSouth Corporation</b>	Occupation <b>Healthcare Facility Administrator</b>
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17677**

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 13 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 **520.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17790**  
Amount of Each Receipt this Period **20.00**  
Payroll Deduction (\$20, 2 weeks)

**B. Luanne B. Burton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 136 Providence Road  
City Leesville State SC Zip Code 29070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director Human Resources  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11AI.17678**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

**C. Luanne B. Burton**  
Full Name (Last, First, Middle Initial)  
Mailing Address 136 Providence Road  
City Leesville State SC Zip Code 29070  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Director Human Resources  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17791**  
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 14 OF 67
	<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 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 ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17679**

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 ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17792**

Amount of Each Receipt this Period  
 10.00

Payroll Deduction (\$10, 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 ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17680**

Amount of Each Receipt this Period  
 24.00

Payroll Deduction (\$24, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	44.00
<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 15 OF 67
	<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 ▼ **624.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17793**  
 Amount of Each Receipt this Period **24.00**  
 Payroll Deduction (\$24, 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 ▼ **250.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17681**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

**C. 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 ▼ **260.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17794**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>44.00</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 67
	<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 ▼  
4800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17683**

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 ▼  
4992.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17796**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17684**

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 17 OF 67
	<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 ▼  
260.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11AI.17797**

Amount of Each Receipt this Period  
10.00

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 ▼  
500.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11AI.17685**

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 ▼  
520.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11AI.17798**

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: (check only one)	PAGE 18 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Catherine V. Devaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Buckingham Drive  
 City Bow State NH Zip Code 03304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Healthcare Facility Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17689**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15, 2 weeks)

**B. Catherine V. Devaney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19 Buckingham Drive  
 City Bow State NH Zip Code 03304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation Healthcare Facility Administrator  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **390.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17802**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15, 2 weeks)

**C. Edmund M. Fay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 527 Valley Road  
 City Birmingham State AL Zip Code 35206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Corporation Occupation SVP Treasury  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2075.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17693**  
 Amount of Each Receipt this Period **83.00**  
 Payroll Deduction (\$83, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>113.00</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 67
	<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 ▼ 2158.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17806**  
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 ▼ 500.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17694**  
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 ▼ 520.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17807**  
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 20 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Tammy E. Feuer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 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 ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17695**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**B. Tammy E. Feuer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 73 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17808**

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17696**

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 21 OF 67
	<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 ▼ **260.00**

Date of Receipt  
**12 / 26 / 2013**  
Transaction ID : **SA11Al.17809**

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 ▼ **375.00**

Date of Receipt  
**12 / 18 / 2013**  
Transaction ID : **SA11Al.17697**

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 ▼ **390.00**

Date of Receipt  
**12 / 26 / 2013**  
Transaction ID : **SA11Al.17810**

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 22 OF 67
	<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 Eric Garrard</b>		Date of Receipt 12 / 26 / 2013 <b>Transaction ID : SA11Al.17811</b>
Mailing Address 114 Collins Drive		Amount of Each Receipt this Period 20.00
City Martin	State TN	Zip Code 38237
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$20, 2 weeks)
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 ▼ 220.00	

Full Name (Last, First, Middle Initial) <b>B. Deborah L. Gerke</b>		Date of Receipt 12 / 18 / 2013 <b>Transaction ID : SA11Al.17699</b>
Mailing Address 9320 Sienna Ridge Drive		Amount of Each Receipt this Period 10.00
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Deborah L. Gerke</b>		Date of Receipt 12 / 26 / 2013 <b>Transaction ID : SA11Al.17812</b>
Mailing Address 9320 Sienna Ridge Drive		Amount of Each Receipt this Period 10.00
City Las Vegas	State NV	Zip Code 89117
FEC ID number of contributing federal political committee. C		Payroll Deduction (\$10, 2 weeks)
Name of Employer HealthSouth Corporation	Occupation Hospital Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

<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:	PAGE 23 OF 67
	(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

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. 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 ▼  
3400.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11AI.17700**

Amount of Each Receipt this Period  
56.00

Payroll Deduction (\$56, 2 weeks)

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

Mailing Address 7130 East Saddleback Street  
Apt. 56

City Mesa State AZ Zip Code 85207

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

Name of Employer HealthSouth Corporation Occupation SVP Inpatient Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3456.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11AI.17813**

Amount of Each Receipt this Period  
56.00

Payroll Deduction (\$56, 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 ▼  
418.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11AI.17701**

Amount of Each Receipt this Period  
19.00

Payroll Deduction (\$19, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional).....▶ 131.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Nicholas David Hardin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 24014 Clover Trails  
City Katy State TX Zip Code 77494  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Hospital Administration  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **437.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17814**  
Amount of Each Receipt this Period **19.00**  
Payroll Deduction (\$19, 2 weeks)

**B. Kevin Hardy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1230 Buckhead Drive SW  
City Vero Beach State FL Zip Code 32968  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Controller  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **250.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11AI.17702**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

**C. Kevin Hardy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1230 Buckhead Drive SW  
City Vero Beach State FL Zip Code 32968  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Controller  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **260.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17815**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>39.00</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 25 OF 67
	<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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17704**

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 ▼  
520.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17817**

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 ▼  
1175.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17707**

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 26 OF 67
	<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 ▼  
1225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17820**

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 ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17708**

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 ▼  
1040.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17821**

Amount of Each Receipt this Period  
40.00

Payroll Deduction (\$40, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<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 27 OF 67
	<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 ▼ **625.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11AI.17709**

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 ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11AI.17822**

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 ▼ **1150.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11AI.17710**

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 28 OF 67
	<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 **1190.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17823**  
 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 **500.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11AI.17711**  
 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 **520.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11AI.17824**  
 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 29 OF 67
	<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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11AI.17712**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 840 Gardener Road

City Rockledge State FL Zip Code 32955

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

Name of Employer HealthSouth Corporation Occupation Director of Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11AI.17825**

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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11AI.17713**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 67
	<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. 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 ▼  
260.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17826**

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 ▼  
250.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11Al.17714**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 443 Lee Road 2099

City Phenix City State AL Zip Code 36870

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

Name of Employer HealthSouth Occupation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17827**

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 31 OF 67
	<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. 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 ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17715**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**B. 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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17828**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**C. 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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17716**

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 32 OF 67
	<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 ▼ 260.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17829**  
 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 ▼ 1450.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17718**  
 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 ▼ 1508.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17831**  
 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 33 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 8743 W. Tierra Buena Lane

City	State	Zip Code
Peoria	AZ	85382

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

Name of Employer	Occupation
HealthSouth Corporation	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
12	/	18	/	2013

**Transaction ID : SA11AI.17719**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 8743 W. Tierra Buena Lane

City	State	Zip Code
Peoria	AZ	85382

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

Name of Employer	Occupation
HealthSouth Corporation	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
12	/	26	/	2013

**Transaction ID : SA11AI.17832**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 801 Elm Spring Road

City	State	Zip Code
Pittsburgh	PA	15243

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

Name of Employer	Occupation
HealthSouth Corporation	Hospital CEO

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
12	/	18	/	2013

**Transaction ID : SA11AI.17720**

Amount of Each Receipt this Period  

12.00
-------

Payroll Deduction (\$12, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>32.00</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 34 OF 67
	<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 ▼ **312.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17833**

Amount of Each Receipt this Period  
**12.00**

Payroll Deduction (\$12, 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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17721**

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 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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17834**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction (\$20, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **52.00**

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

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

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

FOR LINE NUMBER: PAGE 35 OF 67  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**HealthSouth Corporation Political Action Committee**

**A. 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 ▼ 505.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17722**  
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 ▼ 515.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17835**  
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 ▼ 600.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17723**  
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 36 OF 67
	<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. 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 ▼ **630.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17836**

Amount of Each Receipt this Period **30.00**

Payroll Deduction (\$30, 2 weeks)

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

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 ▼ **375.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17724**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

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

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 ▼ **390.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17837**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 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 37 OF 67
	<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 ▼ **250.00**

Date of Receipt  
**12 / 18 / 2013**

**Transaction ID : SA11AI.17725**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 2 weeks)

**B. 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 ▼ **260.00**

Date of Receipt  
**12 / 26 / 2013**

**Transaction ID : SA11AI.17838**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 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 ▼ **950.00**

Date of Receipt  
**12 / 18 / 2013**

**Transaction ID : SA11AI.17726**

Amount of Each Receipt this Period  
**38.00**

Payroll Deduction (\$38, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 67
	<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 **988.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17839**  
 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 **250.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17727**  
 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 **260.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17840**  
 Amount of Each Receipt this Period **10.00**  
 Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **58.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 67
	<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 **950.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17728**  
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 **988.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17841**  
Amount of Each Receipt this Period **38.00**  
Payroll Deduction (\$38, 2 weeks)

**C. 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 **250.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17729**  
Amount of Each Receipt this Period **10.00**  
Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **86.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 67
	<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 ▼ **260.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17842**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 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 ▼ **375.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17730**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address 222 River Walk Drive

City Melbourne Beach State FL Zip Code 32951

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

Name of Employer HealthSouth Corporation Occupation Healthcare Facility Administrator

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17843**

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 41 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8470 Carrington Lakes Cove

City	State	Zip Code
Trussville	AL	35173

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

Name of Employer	Occupation
HealthSouth Corporation	Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17731**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 8470 Carrington Lakes Cove

City	State	Zip Code
Trussville	AL	35173

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

Name of Employer	Occupation
HealthSouth Corporation	Director of IT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17844**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 904 Southpoint Circle

City	State	Zip Code
Morgantown	WV	26501

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

Name of Employer	Occupation
HealthSouth Corporation	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
12	/	18	/	2013

**Transaction ID : SA11Al.17732**

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 42 OF 67
	<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. Monnie Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 904 Southpoint Circle

City Morgantown State WV Zip Code 26501

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

Name of Employer HealthSouth Corporation Occupation 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  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17845**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 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 ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17733**

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 ▼ **520.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17846**

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: (check only one)	PAGE 43 OF 67
	<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. 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 ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17734**

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 ▼ 2300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 26 / 2013  
**Transaction ID : SA11Al.17847**

Amount of Each Receipt this Period  
 100.00

Payroll Deduction (\$100, 2 weeks)

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

Mailing Address 1799 Slocum Avenue

City Wall State NJ Zip Code 07719

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

Name of Employer HealthSouth Corporation Occupation Director of Human Resources

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : SA11Al.17735**

Amount of Each Receipt this Period  
 10.00

Payroll Deduction (\$10, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 67
	<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 ▼ **260.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17848**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 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 ▼ **1000.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17736**

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 ▼ **1040.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17849**

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 45 OF 67
	<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 ▼ **660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17738**

Amount of Each Receipt this Period  

80.00	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 ▼ **690.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17851**

Amount of Each Receipt this Period  

80.00	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 ▼ **620.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17739**

Amount of Each Receipt this Period  

80.00	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 46 OF 67
<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. 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 ▼ **640.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17852**

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 ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17740**

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 ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17853**

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 47 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Gretchin 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 ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17741**

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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11AI.17854**

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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17743**

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 67
<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. 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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17856**

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17744**

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 ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17857**

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 49 OF 67
	<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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17745**

Amount of Each Receipt this Period  
40.00

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11AI.17858**

Amount of Each Receipt this Period  
40.00

Payroll Deduction (\$10, 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 ▼  
425.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11AI.17746**

Amount of Each Receipt this Period  
20.00

Payroll Deduction (\$20, 2 weeks)

<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 50 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. William 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 ▼ **445.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17859**

Amount of Each Receipt this Period  

80.00
-------

Payroll Deduction (\$20, 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 ▼ **2300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17747**

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 ▼ **2380.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17860**

Amount of Each Receipt this Period  

80.00
-------

Payroll Deduction (\$80, 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 51 OF 67
	<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 ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17748**

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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17861**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address 12005 Wesford Drive

City	State	Zip Code
Maryland Heights	MO	63043

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

Name of Employer	Occupation
HealthSouth Corporation	Director of Managed Care

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17750**

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 52 OF 67
<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. 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 ▼ **260.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11AI.17863**

Amount of Each Receipt this Period **10.00**

Payroll Deduction (\$10, 2 weeks)

**B. 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 ▼ **220.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11AI.17864**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 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 ▼ **250.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11AI.17753**

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 67
	<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 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 ▼ **260.00**

Date of Receipt  
**12 / 26 / 2013**  
Transaction ID : **SA11Al.17866**

Amount of Each Receipt this Period  
**10.00**

Payroll Deduction (\$10, 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 ▼ **330.00**

Date of Receipt  
**12 / 18 / 2013**  
Transaction ID : **SA11Al.17754**

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 ▼ **350.00**

Date of Receipt  
**12 / 26 / 2013**  
Transaction ID : **SA11Al.17867**

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: (check only one)	PAGE 54 OF 67
	<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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17755**

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 ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17868**

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 ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17756**

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 55 OF 67
	<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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17869**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 2 weeks)

**B. 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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17757**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction (\$10, 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 ▼ **260.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17870**

Amount of Each Receipt this Period  

10.00
-------

Payroll Deduction (\$10, 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 56 OF 67
	<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. 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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17758**

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 ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17871**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

**C. 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 ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17759**

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 57 OF 67
	<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 ▼ **390.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17872**

Amount of Each Receipt this Period  

15.00
-------

Payroll Deduction (\$15, 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 ▼ **2875.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17760**

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 ▼ **2990.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17873**

Amount of Each Receipt this Period  

115.00
--------

Payroll Deduction (\$115, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>245.00</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 58 OF 67
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Sheila Terry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 Wisteria Dr.  
City Chelsea State AL Zip Code 35043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Regional Controller  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **330.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17761**  
Amount of Each Receipt this Period **15.00**  
Payroll Deduction (\$15, 2 weeks)

**B. Sheila Terry**  
Full Name (Last, First, Middle Initial)  
Mailing Address 177 Wisteria Dr.  
City Chelsea State AL Zip Code 35043  
FEC ID number of contributing federal political committee. **C**  
Name of Employer HealthSouth Corporation Occupation Regional Controller  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **345.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17874**  
Amount of Each Receipt this Period **15.00**  
Payroll Deduction (\$15, 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 **350.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17763**  
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: (check only one)	PAGE 59 OF 67
	<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 ▼ **370.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11AI.17876**

Amount of Each Receipt this Period **20.00**

Payroll Deduction (\$20, 2 weeks)

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

Mailing Address 109 West Hoskins Street

City New Boston State TX Zip Code 75570

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

Name of Employer HealthSouth Corporation Occupation Healthcare Facility Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11AI.17764**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 2 weeks)

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

Mailing Address 109 West Hoskins Street

City New Boston State TX Zip Code 75570

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

Name of Employer HealthSouth Corporation Occupation Healthcare Facility Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **390.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11AI.17877**

Amount of Each Receipt this Period **15.00**

Payroll Deduction (\$15, 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 60 OF 67
	<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. Enrique Alberto Vicens-Rivera**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 475.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17765**  
 Amount of Each Receipt this Period 19.00  
 Payroll Deduction (\$19, 2 weeks)

**B. Enrique Alberto Vicens-Rivera**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 494.00

Date of Receipt 12 / 26 / 2013  
**Transaction ID : SA11Al.17878**  
 Amount of Each Receipt this Period 19.00  
 Payroll Deduction (\$19, 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 ▼ 735.00

Date of Receipt 12 / 18 / 2013  
**Transaction ID : SA11Al.17766**  
 Amount of Each Receipt this Period 28.50  
 Payroll Deduction (\$28.50, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	66.50
<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 61 OF 67
	<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 ▼  
763.50

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17879**

Amount of Each Receipt this Period  
28.50

Payroll Deduction (\$28.50, 2 weeks)

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

Mailing Address 2660 Piedmont Dr

City Bessemer State AL Zip Code 35022

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 ▼  
250.00

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : SA11Al.17768**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

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

Mailing Address 2660 Piedmont Dr

City Bessemer State AL Zip Code 35022

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 ▼  
260.00

Date of Receipt  
12 / 26 / 2013  
**Transaction ID : SA11Al.17881**

Amount of Each Receipt this Period  
10.00

Payroll Deduction (\$10, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.50
<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 62 OF 67
	<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. John Whittington**  
Full Name (Last, First, Middle Initial)

Mailing Address 2716 Watkins Glen Drive

City	State	Zip Code
Birmingham	AL	35216

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

Name of Employer	Occupation
HealthSouth	General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4440.75**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17769**

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	State	Zip Code
Birmingham	AL	35216

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

Name of Employer	Occupation
HealthSouth	General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4618.38**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11Al.17882**

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	State	Zip Code
Birmingham	AL	35242

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

Name of Employer	Occupation
HealthSouth	Senior VP Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2013

**Transaction ID : SA11Al.17770**

Amount of Each Receipt this Period  

70.00
-------

Payroll Deduction (\$70, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.26</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 63 OF 67
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Linda Masone Wilder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2335 Ridge Trail  
 City Birmingham State AL Zip Code 35242  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HealthSouth Occupation Senior VP Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1820.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17883**  
 Amount of Each Receipt this Period **70.00**  
 Payroll Deduction (\$70, 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 **375.00**

Date of Receipt **12 / 18 / 2013**  
**Transaction ID : SA11Al.17771**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15, 2 weeks)

**C. Donn G. Willey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 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 **390.00**

Date of Receipt **12 / 26 / 2013**  
**Transaction ID : SA11Al.17884**  
 Amount of Each Receipt this Period **15.00**  
 Payroll Deduction (\$15, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>100.00</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 64 OF 67
	<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 ▼ **1923.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17772**

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 ▼ **1999.92**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17885**

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 ▼ **300.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17773**

Amount of Each Receipt this Period **12.00**

Payroll Deduction (\$12, 2 weeks)

**SUBTOTAL** of Receipts This Page (optional)..... **165.84**

**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: (check only one)	PAGE 65 OF 67
	<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 ▼ **312.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17886**

Amount of Each Receipt this Period **12.00**

Payroll Deduction (\$12, 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 ▼ **625.00**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : SA11Al.17774**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 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 ▼ **650.00**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : SA11Al.17887**

Amount of Each Receipt this Period **25.00**

Payroll Deduction (\$25, 2 weeks)

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>62.00</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 67 OF 67  
(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
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FEC ID number of contributing federal political committee. **C**

Name of Employer HealthSouth	Occupation VP Technology
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
703.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	26	/	2013

**Transaction ID : SA11AL17889**

Amount of Each Receipt this Period  
38.00

Payroll Deduction (\$38, 2 weeks)

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

Mailing Address

City	State	Zip Code
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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

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).....▶	38.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4932.10