REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

Nov 4 11 46 AM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HEALTHSOUTH REHABILITATION CORPORATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
TWO PERIMETER PARK SOUTH

CITY, STATE and ZIP CODE
BIRMINGHAM, ALABAMA 35243

2. FEC IDENTIFICATION NUMBER
C-00257048

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☒ Twelfth day report preceding GENERAL (Type of Election) election on 11/5/96 in the State of ALABAMA

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCTOBER 1,1996 through OCTOBER 20,1996		
6. (a) Cash on Hand January 1, 19 96		$ 54,955.13
(b) Cash on Hand at Beginning of Reporting Period	$ 58,767.49	
(c) Total Receipts (from Line 19)	$ 2,818.24	$ 45,432.60
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 61,585.73	$ 100,387.73
7. Total Disbursements (from Line 30)	$ 19,700.00	$ 58,502.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 41,885.73	$ 41,885.73
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
MICHAEL D. MARTIN

Signature of Treasurer

Date
11/1/96

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

FEC FORM 3X
(revised 9/93)

FE6AN069

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: HEALTHOSUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM OCTOBER 1, 1996 TO OCTOBER 20, 1996

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	805.00	13,125.00	11(a)(i)
ii. Unitemized	1,866.00	31,147.75	11(a)(ii)
iii. Total (add i and ii) ➤	2,671.00	44,272.75	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	2,671.00	44,272.75	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	147.244	1,159.85	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,818.24	45,432.60	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	2,818.24	45,432.60	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures	0.00	2.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	2.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	14,500.00	25,150.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	5,200.00	33,350.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	19,700.00	58,502.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	19,700.00	58,502.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	2,671.00	44,272.75	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,671.00	44,272.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	2.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	2.00	37

FE6ANO95

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS

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 REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS W. CARMAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$15.00 ($15 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXEC. VICE PRESIDENT Aggregate Year-to-Date > $ 315.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY J. TANNER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$250.00 ($250 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: EXEC. VP & SECRETARY Aggregate Year-to-Date > $ 4,850.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ROBERT E. THOMSON TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: PRESIDENT & COO Aggregate Year-to-Date > $ 210.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HENRY T. DUKE TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$15.00 ($15 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 315.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
THOMAS P. ROGAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$35.00 ($35 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 735.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
JACK H. HAWKINS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 210.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
C. DREW DEMARAY TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 335.00		

SUBTOTAL of Receipts This Page (optional) $345.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 4

FOR LINE NUMBER 11(a)(1)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (in Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES P. BENNETT TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date $ 4,200.00	PAYROLL DEDUCTION	$200.00 ($200 BI-WEEKLY)
B. TERESA RUBIO TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
C. MICHAEL WALDHEIM TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 315.00	PAYROLL DEDUCTION	$15.00 ($15 BI-WEEKLY)
D. BARRY C. KNIGHT TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ASSIST. VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
E. RICHARD E. BOTTS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
F. W. DONALD MYERS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEATLHSOUTH CORPORATION REGIONAL VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
G. SHEILA O. MCKENNA TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)

SUBTOTAL of Receipts This Page (optional) $265.00

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

FEC Form 3

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)
HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. P. DARYL BROWN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: PRESIDENT & COO Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
B. WILLIAM T. OWENS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: SR. VICE PRES.& CONTROLLER Aggregate Year-to-Date > $ 630.00	PAYROLL DEDUCTION	$30.00 ($30 BI-WEEKLY)
C. RICHARD M. SCRUSHY TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date > $ 525.00	PAYROLL DEDUCTION	$25.00 ($25 BI-WEEKLY)
D. CHARLES D. STEVENSON TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: ASSIST. VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
E. MICHAEL D. MARTIN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC. VP & TREASURER Aggregate Year-to-Date > $ 315.00	PAYROLL DEDUCTION	$15.00 ($15 BI-WEEKLY)
F. JAMES T. WAGGONER, JR. TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 420.00	PAYROLL DEDUCTION	$20.00 ($20 BI-WEEKLY)
G. HANNIBAL CRUMPLER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)

SUBTOTAL of Receipts This Page (optional) $120.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. AARON BEAM, JR. TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & CFO Aggregate Year-to-Date $ 315.00	PAYROLL DEDUCTION	$15.00 ($15 BI-WEEKLY)
B. TERRY R. MAXHIMER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
C. EUGENE SMITH TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 420.00	PAYROLL DEDUCTION	$20.00 ($20 BI-WEEKLY)
D. CHARLES A. STARK 7700 EAST PARHAM ROAD RICHMOND, VIRGINIA 23294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF VIRGINIA, INC. ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
E. GLEN R. DAVIS 175 LANCASTER BOULEVARD MECHANICSBURG, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF MECHANICSBURG, INC. ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
F. MICHAEL G. TREADWAY 1282 UNION AVENUE MEMPHIS, TN 38104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH/METHODIST REHABILITATION HOSPITAL LIMITED PARTNERSHIP CONTROLLER Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	$10.00 ($10 BI-WEEKLY)
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) $75.00

TOTAL This Period (last page this line number only) $805.00

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SCHEDULE A **ITEMIZED RECEIPTS**

OTHER FEDERAL RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (in Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. PINNACLE BANK 701 MONTGOMERY HIGHWAY BIRMINGHAM, AL 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A - INTEREST INCOME Occupation: N/A Aggregate Year-to-Date $ 1,159.85	MONTHLY	$ 147.24
B. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	$ 147.24
TOTAL This Period (last page this line number only)	$ 147.24

FE6AN*8

SCHEDULE B **ITEMIZED DISBURSEMENTS**

CONTRIBUTIONS TO FEDERAL CANDIDATES

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1[illegible]
	FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code JOHN PETERSON FOR CONGRESS COMMITTEE P. O. BOX 84 SUGAR GROVE, PA 16350	JOHN PETERSON,U.S.HOUSE DISTRICT 5,CAND. PA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/9/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code BOB RILEY FOR U.S. CONGRESS P. O. BOX 700 ASHLAND, AL 36251	BOB RILEY,U.S. HOUSE DISTRICT 3, CANDIDAL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/9/96	$5,000.00
C. Full Name, Mailing Address and ZIP Code FED PAC 1111 19TH STREET, N.W. WASHINGTON, DC 20036	PAC CONTRIBUTION Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/3/96	$7,500.00
D. Full Name, Mailing Address and ZIP Code FRIENDS OF FRANK RIGGS, CAMPAIGN COMMITTEE P. O. BOX 590 WINDSOR, CA 95492	FRANK RIGGS, U.S. HOUSE DISTRICT 1, CAND, CAL Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/3/96	$1,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$14,500.00
TOTAL This Period (last page this line number only)	$14,500.00

FE5AN066

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OTHER DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)
HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. BILL WILLIAMS CAMPAIGN 11621 PANORAMA DRIVE BIRMINGHAM, AL 35216	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/3/96	$250.00
B. DAVID SKINNER CAMPAIGN 1825 EAST ARBORETUM CIRCLE BIRMINGHAM, AL 35216	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/3/96	$250.00
C. LEAVITT FOR GOVERNOR CAMPAIGN 1759 400 SOUTH, SUITE 607 SALT LAKE CITY, UT 84111	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/15/96	$1,000.00
D. FRIENDS OF BOB MELLON 524 MAIN STREET PECKVILLE, PA 18452	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/9/96	$500.00
E. FRIENDS OF SEN. JUBELIRER COMMITTEE P. O. BOX 2051 ALTOONA, PA 16603	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/9/96	$700.00
F. RE-ELECT CORNELL COMMITTEE 255 EAST MONTGOMERY AVE. HATBORO, PA 19040	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/9/96	$1,000.00
G. BILL DEWEASE CAMPAIGN COMMITTEE P. O. BOX 2000 WAYNESBURG, PA 15370	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/9/96	$500.00
H. WYN PAC P. O. BOX 230039 MONTGOMERY, AL 36123	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/3/96	$500.00
I. WYN PAC P. O. BOX 230039 MONTGOMERY, AL 36123	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/3/96	$500.00

SUBTOTAL of Disbursements This Page (optional)	$5,200.00
TOTAL This Period (last page this line number only)	$5,200.00

P65AN065

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☑	Hand Delivered	DATE OF RECEIPT 11/4/96
☐	First Class Mail	POSTMARKED
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☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

JMU

PREPARER

11/4/96

DATE PREPARED

FEC FORM 70-2 (12/92)