REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

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

ONE HEALTHSOUTH PARKWAY

CITY, STATE and ZIP CODE

BIRMINGHAM, ALABAMA 35243

FEDERAL ELECTION COMMISSION
OCT 22 11 25 AM '98

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

☒ 12-Day Pre-Election Report for the GENERAL (Type of Election) election on 11/3/98 in the State of ALABAMA

☐ 30-Day Post-Election 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, 1998 through OCTOBER 14, 1998		
6. (a) Cash on Hand January 1, 19____		$ 20,252.49
(b) Cash on Hand at Beginning of Reporting Period	$ 11,526.16	
(c) Total Receipts (from Line 18)	$ 1,486.65	$ 75,067.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 13,012.81	$ 95,319.69
7. Total Disbursements (from Line 30)	$ 6,500.00	$ 88,806.88
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 6,512.81	$ 6,512.81
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 202-694-1100

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
ANTHONY J. TANNER, ASSISTANT TREASURER

Signature of Treasurer

Date 10/21/98

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)

FEBAN064

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

(revised 1/1/91)

NAME OF COMMITTEE: HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM OCTOBER 1, 1998 TO OCTOBER 14, 1998

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	493.50	43,335.00	11(a)(i)
ii. Unitemized	993.15	31,232.20	11(a)(ii)
iii. Total (add i and ii) ➤	1,486.65	74,567.20	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) ➤	1,486.65	74,567.20	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	0.00	500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,486.65	75,067.20	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,486.65	75,067.20	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			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	29,139.02	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(c)
29. Other Disbursements	6,500.00	59,667.86	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6,500.00	88,806.88	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6,500.00	88,806.88	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,486.65	74,567.20	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,486.65	74,567.20	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	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	0.00	37

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

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

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS W. CARMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION EXECUTIVE VICE PRES. Aggregate Year-to-Date $ 5,000.00	PAYROLL DEDUCTION	$0.00
B. HARRY J. CHORDROS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	$0.00
C. DANIEL V. DOURNEY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 420.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
D. ANTHONY J. TANNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & SECRETARY Aggregate Year-to-Date $ 5,000.00	PAYROLL DEDUCTION	$0.00
E. ALLAN ROTH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
F. SCOTT C. NIER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
G. ROB THOMSON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00

SUBTOTAL of Receipts This Page (optional) $50.00

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

FEBAN064

SCHEDULE A

ITEMIZED RECEIPTS

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

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. GINA K. CLARK ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 1,000.00	PAYROLL DEDUCTION	$0.00
B. HENRY T. DUKE ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 315.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $15.00
C. JESSICA NANTZ ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: AREA MANAGER Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$0.00
D. LUANN FLESHMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: REGIONAL VICE PRESIDENT Aggregate Year-to-Date > $ 420.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
E. THOMAS ROGAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 735.00	PAYROLL DEDUCTION	($35 BI-WEEKLY) $35.00
F. JACK H. HAWKINS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
G. WESTON L. SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 1,480.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00

SUBTOTAL of Receipts This Page (optional) $100.00

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

FEBAN064

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 7

FOR LINE NUMBER 12(a)(i)

CONTRIBUTIONS FROM INDIVIDUALS

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NAME OF COMMITTEE (In Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
DREW DEMARAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION VICE PRESIDENT	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION PRESIDENT	PAYROLL DEDUCTION	$0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TERESA R. SANDERS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHOSUTH CORPORATION GROUP VICE PRESIDENT	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KAREN G. DAVIS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 420.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
BARRY C. KNIGHT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION VICE PRESIDENT	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
RICHARD E. BOTTS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 210.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
PATRICK FOSTER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION PRESIDENT	PAYROLL DEDUCTION	$0.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 5,000.00		

SUBTOTAL of Receipts This Page (optional) $60.00

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

FE8AN564

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. W. DONALD MYERS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: REGIONAL VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
B. SHEILA O. MCKENNA ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHOSUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
C. P. DARYL BROWN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: PRESIDENT Aggregate Year-to-Date > $ 5,000.00	PAYROLL DEDUCTION	$0.00
D. WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP SR. VICE PRES. Aggregate Year-to-Date > $ 5,000.00	PAYROLL DEDUCTION	$0.00
E. RICHARD M. SCRUSHY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: CEO & CHAIRMAN Aggregate Year-to-Date > $ 525.00	PAYROLL DEDUCTION	($25 BI-WEEKLY) $25.00
F. CHARLES D. STEVENSON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: ASSISTANT VICE PRES. Aggregate Year-to-Date > $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
G. MICHAEL D. MARTIN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC. VP & TREASURER Aggregate Year-to-Date > $ 5,000.00	PAYROLL DEDUCTION	$0.00

SUBTOTAL of Receipts This Page (optional) $55.00

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

FE8AN064

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 5 OF 7

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. JAMES WAGGONER, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 420.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
B. HANNIBAL CRUMPLER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 552.00	PAYROLL DEDUCTION	($38.50 BI-WEEKLY) $38.50
C. SHARON B. FAULKNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 1,105.00	PAYROLL DEDUCTION	($5 BI-WEEKLY) $5.00
D. AARON BEAM, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXECUTIVE VICE PRES. Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $15.00
E. TERRY R. MAXHIMER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION REGIONAL VICE PRESIDENT Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
F. EUGENE SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 420.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
G. KEVIN J. POTTS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ASSISTANT VICE PRES. Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00

SUBTOTAL of Receipts This Page (optional) $118.50

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

FE8AN084

SCHEDULE A

ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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

FOR LINE NUMBER 11(a)(i)

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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. KATHLEEN FOX 673 BEDFORD STREET ABINGTON, MA 02351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH HOLDINGS, INC. ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
B. AARON CHATTERSON 310 NORTH WILMOT, STE. 309 TUCSON, AZ 85711 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH SURGERY CENTERS-WEST, INC. ADMINISTRATOR Aggregate Year-to-Date $ 210.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
C. WILLIAM H. MURPHY 1018 EAST WHEATLAND ROAD DUNCANVILLE, TX 75116 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	PREMIER AMBULATORY SURGERY CENTER OF DUNCANVILLE, INC. ADMINISTRATOR Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
D. JOHN BRENGARD 3440 RICHMOND AVENUE HOUSTON, TX 77046 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	SOUTHEAST TEXAS REHAB CLINICS, LP ADMINISTRATOR Aggregate Year-to-Date $ 220.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
E. JEFFREY S. GARBER 3251 PROCTOR ROAD SARASOTA, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF SARASOTA, LP ADMINISTRATOR Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
F. GUY SHELTON 2255 SOUTH 132ND ST., STE. B OMAHA, NE 68144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH REHABILITATION CENTER OF OMAHA, LP ADMINISTRATOR Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $10.00
G. DOUGLAS JOLLY 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH DOCTORS' HOSPITAL, INC. ASSISTANT CONTROLLER Aggregate Year-to-Date $ 200.00	PAYROLL DECUCTION	($10 BI-WEEKLY) $10.00

SUBTOTAL of Receipts This Page (optional) $90.00

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

FEB-A-064

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 7

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. ROBERT L. STOKER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION Occupation: AREA MANAGER Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $20.00
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)	$ 20.00
TOTAL This Period (last page this line number only)	$493.50

FE5A N064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

OTHER DISBURSEMENTS

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	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
TUSCO PAC 2215 13TH STREET TUSCALOOSA, AL 35401	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/1/98	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN THRASHER CAMPAIGN 2233 PARK AVENUE, STE. 302 ORANGE PARK, FL 32073	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/8/98	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
WINDOM VICTORY FUND P.O. BOX 1949 MONTGOMERY, AL 36102	NON-FEDERAL CONTRIBUTION Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/12/98	$5,000.00
D. 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
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)	$6,500.00
TOTAL This Period (last page this line number only)	$6,500.00

FE0AN084

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 10/22/98
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED
☐	No Postmark	
☐	Postmark Illegible	
☐	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
☐	Electronic Filing	

PREPARER

10/22/98
DATE PREPARED

(4/98)