REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

DEC 9 1 45 PM '96

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HEALTHOSUTH 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. [X] 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 _____ (Type of Election) election on _____ in the State of _____

[XX] Thirtieth day report following the General Election on 11/5/96 in the State of ALABAMA.

(b) Is this Report an Amendment? ☐ YES [XX] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period OCTOBER 21,1996 through NOVEMBER 25,1996		
6. (a) Cash on Hand January 1, 19____		$ 54,955.13
(b) Cash on Hand at Beginning of Reporting Period	$ 41,885.73	
(c) Total Receipts (from Line 19)	$ 13,510.85	$ 58,943.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 55,396.58	$ 113,898.58
7. Total Disbursements (from Line 30)	$ 8,750.00	$ 67,252.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 46,646.58	$ 46,646.58
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, ASSISTANT TREASURER

Signature of Treasurer

Date 12/5/96

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)

FE8AN069

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 10/21/96 TO: 11/25/96

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)	2,005.00	15,130.00	11(a)(i)
ii. Unitemized	3,896.00	35,043.75	11(a)(ii)
iii. Total (add i and ii) ➤	5,901.00	50,173.75	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)	5,901.00	50,173.75	11(c)
d. Total Contributions (add a iii, b and c) ➤			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	7,500.00	7,500.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	109.85	1,269.70	17
18. Transfers from NonFederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,510.85	58,943.45	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	13,510.85	58,943.45	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	7,500.00	32,650.00	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	1,250.00	34,600.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,750.00	67,252.00	30
31. Total Federal Disbursements (subtract line 21 a i from line 30) ➤	8,750.00	67,252.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	5,901.00	50,173.75	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	5,901.00	50,173.75	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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 5

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	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS W. CARMAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VICE PRESIDENT Aggregate Year-to-Date $ 360.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $45.00
B. ANTHONY J. TANNER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & SECRETARY Aggregate Year-to-Date $ 4,970.00	PAYROLL DEDUCTION	($250 BI-WEEKLY) $150.00
C. ROBERT E. THOMSON TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT & COO Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
D. HENRY T. DUKE TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 360.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $45.00
E. THOMAS P. ROGAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 840.00	PAYROLL DEDUCTION	($35 BI-WEEKLY) $105.00
F. JACK H. HAWKINS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($10 BI-WEKKLY) $30.00
G. C. DREW DEMARAY TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 365.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00

SUBTOTAL of Receipts This Page (optional) $435.00

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 5

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. JAMES P. BENNETT TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date $ 4,800.00	PAYROLL DEDUCTION	($200 BI-WEEKLY) $600.00
B. TERESA RUBIO TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 360.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $45.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00

SUBTOTAL of Receipts This Page (optional)	$795.00
TOTAL This Period (last page this line number only)	

FE6AN018

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. 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 > $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 > $ 720.00	PAYROLL DEDUCTION	($30 BI-WEEKLY) $90.00
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 > $ 600.00	PAYROLL DEDUCTION	($25 BI-WEEKLY) $75.00
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 > $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 > $ 360.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $45.00
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 > $ 480.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $60.00
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 > $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00

SUBTOTAL of Receipts This Page (optional) $360.00

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

FE6ANY03

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. 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 $ 360.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $45.00
B. TERRY R. MAXHIMER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ADMINISTRATOR Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 480.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $60.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
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 $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
G. GUY L. SHELTON 2255 SOUTH 132ND STREET, SUITE B OMAHA, NE 68144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH REHABILITATION CENTER OF OMAHA LIMITED PARTNERSHIP ADMINISTRATOR Aggregate Year-to-Date $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00

SUBTOTAL of Receipts This Page (optional)	$255.00
TOTAL This Period (last page this line number only)	

FE6ANP18

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 5 OF 5

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. JEFFREY S. GARBER 3251 PROCTOR RPAD SARASOTA, FLORIDA 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF SARASOTA LIMITED PARTNERSHIP Occupation: ADMINISTRATOR Aggregate Year-to-Date: $ 200.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
B. JESSICA NANTZ 19002 MCKAY DRIVE HUMBLE, TEXAS 77338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF TEXAS, INC. Occupation: ADMINISTRATOR Aggregate Year-to-Date: $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $40.00
C. DOUGLAS JOLLY 5000 UNIVERSITY DRIVE MIAMI, FLORIDA 33146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH DOCTOR'S HOSPITAL, INC. Occupation: CHIEF OPERATING OFFICER Aggregate Year-to-Date: $ 240.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $30.00
D. DANIEL V. DOURNEY TWO PERIMETER PARK SOUTH BIRMINGHAM, ALABAMA 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date: $ 260.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $60.00
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)	$160.00
TOTAL This Period (last page this line number only)	$2,005.00

FE6AN059

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 16

REFUNDS OF CONTRIBUTIONS

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 / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
FED PAC 1111 19TH STREET, N.W. WASHINGTON, D.C. Receipt For: [ ] Primary [X] General [ ] Other (specify):	Aggregate Year-to-Date > $ 7,500.00	10/21/96 (CONTRIBUTION ITEMIZED ON TWELFTH DAY REORT FILED FOR CURRENT YEAR)	$7,500.00
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional)	$7,500.00
TOTAL This Period (last page this line number only)	$7,500.00

FE5AN778

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

OTHER FEDERAL RECEIPTS

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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
PINNACLE BANK 701 MONTGOMERY HIGHWAY BIRMINGHAM, ALABAMA 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A - INTEREST INCOME N/A Aggregate Year-to-Date $ 1,269.70	MONTHLY	$109.85
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) $109.85

TOTAL This Period (last page this line number only) $109.85

FE8AN*18

SCHEDULE B **ITEMIZED DISBURSEMENTS**

CONTRIBUTIONS TO FEDERAL CANDIDATES

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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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
TALENT FOR U.S. CONGRESS 1031 EXECUTIVE PARKWAY, SUITE 1000 ST. LOUIS, MISSOURI 63141	JAMES TALENT, US HOUSE, DIST.2 CANDIDATE, MO Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/96	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
POWELL FOR CONGRESS P. O. BOX 70514 TUSCALOOSA, ALABAMA 35407	JOE POWELL, US.HOUSE, DIST.7, CANDIDATE, AL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/96	$500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
PEOPLE FOR BOSCHWITZ '96 7415 WAYZATA BOULEVARD MINNEAPOLIS, MINNESOTA55426	RUDY BOSCHWITZ, US SENATE, MN Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FED PAC 1111 19TH STREET, N.W. WASHINGTON, D.C. 20036	PAC CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/12/96	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $7,500.00

TOTAL This Period (last page this line number only) $7,500.00

FE8AN069

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

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. JIM WOODWARD FOR SHERIFF 801 NORTH 21ST STREET BIRMINGHAM, ALABAMA 35203	NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/31/96	$1,000.00
B. BILL THOMPSON CIVIL APPEALS 135 WEST GLENWOOD DRIVE BIRMINGHAM, ALABAMA 35209	NON-FEDERAL CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/12/96	$250.00
C.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) $1,250.00

TOTAL This Period (last page this line number only) $1,250.00

FE6AN099

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
☐	First Class Mail	POSTMARKED
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☐	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

MSM
PREPARER

12/9/96
DATE PREPARED

FEC FORM 70-2 (12/92)