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)
NovaCare, Inc. Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
1016 West Ninth Avenue

CITY, STATE and ZIP CODE
King of Prussia, PA 19406

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
NOV 12 9 56 AM '98

2. FEC IDENTIFICATION NUMBER
C00263558

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 PA

☐ 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 10/01/98 through 10/14/98		
6. (a) Cash on Hand January 1, 19 98		$ 53,733.52
(b) Cash on Hand at Beginning of Reporting Period	$ 64,721.69	
(c) Total Receipts (from Line 19)	$ 1,097.74	$ 27,685.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 65,819.43	$ 81,419.43
7. Total Disbursements (from Line 30)	$ 0.00	$ 15,600.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 65,819.43	$ 65,819.43
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
Laurence F. Lane

Signature of Treasurer

Date
11/10/98

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)

FE9AN064

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

(revised 1/1/91)

NAME OF COMMITTEE: NovaCare, Inc. Political Action Committee

REPORT COVERING PERIOD FROM 10/01/98 TO 10/14/98

	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)	1,097.74	26,585.91	11(a)
ii. Unitemized			11(a)
iii. Total (add i and ii) ➤	1,097.74	26,585.91	11(a)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1,097.74	26,585.91	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received		1,100.00	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,097.74	27,685.91	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,097.74	27,685.91	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			21(a)
i. Federal Share			21(a)
ii. Non-Federal Share			21(a)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			22
22. Transfers to Affiliated/Other Party Committees			23
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	14,500.00	24
24. Independent Expenditures (use Schedule E)			25
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			26
26. Loan Repayments Made			27
27. Loans Made		1,100.00	
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) ➤			29
29. Other Disbursements			30
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	0.00	15,600.00	31
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	0.00	15,600.00	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,097.74	27,685.91	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,097.74	27,685.91	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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)

NovaCare, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Jean Brooks NovaCare, Inc. 1016 W. Ninth Avenue King of Prussia, PA 19406	NovaCare, Inc.	Payroll Deduction	$27.77 ($27.77 bi-wkly)
Occupation: Region Vice President	Aggregate Year-to-Date: $ 478.61		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Susan Campbell 909 Brushtown Road Lower Gwynedd, PA 19002	NovaCare, Inc.	Payroll Deduction	$37.50 ($37.50 bi-wkly)
Occupation: Investor Vice President-Relations	Aggregate Year-to-Date: $ 787.50		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Timothy Foster NovaCare, Inc. 1016 West Ninth Avenue King of Prussia, PA 19406	NovaCare, Inc.	Payroll Deduction	$238.10 ($238.10 bi-wkly
Occupation: CEO	Aggregate Year-to-Date: $ 3,809.60		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Thomas Gardner 16 Hoagland Drive Belle Meade, NJ 08502	NovaCare, Inc.	Payroll Deduction	$14.00 ($14.00 bi-wkly
Occupation: Vice Pres.- Information Technology	Aggregate Year-to-Date: $ 294.00		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Tracy Gregg 3040 Williams Drive, Ste. 600 Fairfax, VA 22031	NovaCare, Inc.	Payroll Deduction	$86.96 ($86.96 bi-wkly
Occupation: Senior VP-East Ops.	Aggregate Year-to-Date: $ 1,565.28		
Receipt For: [ ] Primary [XX] General [ ] Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Robert Healy 1929 Black Rock Road Paoli, PA 19301	NovaCare, Inc.	Payroll Deduction	$53.85 ($53.85 bi-wkly
Occupation: CFO	Aggregate Year-to-Date: $ 1,077.00		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Marta Keane 3474 Caledonia Circle Woodbridge, VA 22192	NovaCare, Inc.	Payroll Deduction	$11.82 ($11.82 bi-wkly
Occupation: VP- Product Specialists	Aggregate Year-to-Date: $ 236.40		
Receipt For: [ ] Primary [X] General [ ] Other (specify):			

SUBTOTAL of Receipts This Page (optional) $470.00

TOTAL This Period (last page this line number only) $470.00

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 2 OF 3

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NovaCare, Inc. 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. Larry Lane 1616 Stephens Drive Wayne, PA 19087 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Senior VP- Regulatory Affairs Aggregate Year-to-Date > $ 3,500.00	Payroll Deduction	$175.00 ($175.00 bi-wkly
B. James McLane NovaCare, Inc. 1016 W. Ninth Avenue King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: President & COO Aggregate Year-to-Date > $ 3,478.40	Payroll Deduction	$173.92 ($173.92 bi-wkly
C. Richard McDonald 1016 West Ninth Avenue King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Vice President- Treasury Svs. Aggregate Year-to-Date > $ 681.80	Payroll Deduction	$34.09 ($34.09 bi-wkly
D. Cecile Morris 2447 Oriole Lane Santa Cruz, CA 95062 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Rehab Specialist Aggregate Year-to-Date > $ 630.00	Payroll Deduction	$35.00 ($35.00 bi-wkly
E. Eric Neff 1016 West Ninth Avenue King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Assistant General Counsel Aggregate Year-to-Date > $ 434.80	Payroll Deduction	$21.74 ($21.74 bi-wkly
F. Raymond Pannacchia 1016 West Ninth Avenue King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: VP-Communications Aggregate Year-to-Date > $ 434.80	Payroll Deduction	$21.74 ($21.74 bi-wkly
G. Steven Wise 1016 West Ninth Avenue King of Prussia, PA 19406 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: VP - MIS Aggregate Year-to-Date > $ 1,818.20	Payroll Deduction	$90.91 ($90.91 bi-wkly

SUBTOTAL of Receipts This Page (optional) $552.40

TOTAL This Period (last page this line number only) $1,022.40

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER

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NAME OF COMMITTEE (In Full)

NovaCare, Inc. 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. Nancy Wolff 19550 International Blvd. Seattle, WA 98188 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Region Vice President Aggregate Year-to-Date: $1,461.60	Payroll Deduction	$73.08 ($73.08 bi-wkly
B. Robert Worrell 1498 Meadowbrook Lane West Chester, PA 19380 Receipt For: [ ] Primary [X] General [ ] Other (specify):	Name of Employer: NovaCare, Inc. Occupation: Director - Internal Audit Aggregate Year-to-Date: $ 45.20	Payroll Deduction	$2.26 ($2.26 bi-wkly)
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) $75.34

TOTAL This Period (last page this line number only) $1,097.74

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1

FOR LINE NUMBER

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NAME OF COMMITTEE (in Full)

NovaCare, Inc. Political Action Committee

A. 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
B. 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
C. 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
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)	0.00
TOTAL This Period (last page this line number only)	0.00

FEC Form 3

SCHEDULE C
(Revised 3/80)

LOANS

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full)
NovaCare, Inc. Political Action Committee

A. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr)			☐ Secured

List All Endorsers or Guarantors (if any) to Item A

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

B. Full Name, Mailing Address and ZIP Code of Loan Source	Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
Election: ☐ Primary ☐ General ☐ Other (specify):			
Terms: Date Incurred_____ Date Due_____ Interest Rate_____%(apr)			☐ Secured

List All Endorsers or Guarantors (if any) to Item B

1. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
2. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	
3. Full Name, Mailing Address and ZIP Code	Name of Employer Occupation Amount Guaranteed Outstanding: $	

SUBTOTALS This Period This Page (optional)	0.00
TOTALS This Period (last page in this line only)	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

FEBAN064

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1 for
LINE NUMBER _____
(Use separate schedules for each numbered line)

Name of Committee (In Full) NovaCare, Inc. Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page in this line only)	0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	0.00

FEBA1064

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 11-13-98
☐	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	

JMO
PREPARER

11-13-98
DATE PREPARED

(4/98)