REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
FEB 2 9 25 AM '98

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

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

[X] 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 _____ (Type of Election) election on _____ in the State of _____

☐ 30-Day Post-Election Report following the General Election on _____ in the State of _____.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period JULY 1, 1997 through DECEMBER 31, 1997		
6. (a) Cash on Hand January 1, 19 97		$ 47,306.94
(b) Cash on Hand at Beginning of Reporting Period	$ 43,865.64	
(c) Total Receipts (from Line 19)	$ 24,641.85	$ 52,200.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 68,507.49	$ 99,507.49
7. Total Disbursements (from Line 30)	$ 48,255.00	$ 79,255.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 20,252.49	$ 20,252.49
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 1/29/98

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)

P97AN047

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 JULY 1,1997 TO DECEMBER 31,1997

	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)	10,195.00	17,995.00	11(a)(i)
ii. Unitemized	14,446.85	34,205.55	11(a)(ii)
iii. Total (add i and ii) ➤	24,641.85	52,200.55	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) ➤	24,641.85	52,200.55	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.)			17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	24,641.85	52,200.55	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	24,641.85	52,200.55	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	255.00	255.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	255.00	255.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,750.00	35,750.00	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	18,250.00	43,250.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	48,255.00	79,255.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	48,255.00	79,255.00	31
III Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	24,641.85	52,200.55	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	24,641.85	52,200.55	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

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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 (B) (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. THOMAS W. CARMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION EXEC. VICE PRESIDENT Aggregate Year-to-Date > $ 390.00	PAYROLL DEDUCTION	(15 BI-WEEKLY) $195.00
B. DANIEL V. DOURNEY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 520.00	PAYROLL DEDUCTION	(20 BI-WEEKLY) $260.00
C. 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	($250 BI-WEEKLY) $1,750.00
D. ALLAN ROTH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
E. ROB THOMSON ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT & COO Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
F. HENRY T. DUKE ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 390.00	PAYROLL DEDUCTION	(15 BI-WEEKLY) $195.00
G. LUANN FLESHMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH CORPORATION REGIONAL VICE PRES. Aggregate Year-to-Date > $ 380.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $260.00

SUBTOTAL of Receipts This Page (optional) $2,920.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 2 OF 5

FOR LINE NUMBER 11 (a) (i)

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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
THOMAS ROGAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 910.00	PAYROLL DEDUCTION	($35 BI-WEEKLY) $455.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JACK H. HAWKINS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
C. DREW DEMARAY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	(10 BI-WEEKLY) $130.00
D. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date > $ 5,000.00	PAYROLL DEDUCTION	($200 BI-WEEKLY) $2,400.00
E. 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 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
KAREN C. DAVIS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 340.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $260.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TED W. SARTIN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ASSISTNAT VICE PRES. Aggregate Year-to-Date > $ 220.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00

SUBTOTAL of Receipts This Page (optional) $3,635.00

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

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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. MICHAEL WALDHEIM ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 390.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $195.00
B. BARRY C. KNIGHT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
C. RICHARD E. BOTTS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
D. W. DONALD MYERS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION REGIONAL VICE PRES. Aggregate Year-to-Date $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
E. SHEILA O MCKENNA ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
F. P. DARYL BROWN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT & COO Aggregate Year-to-Date $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
G. WILLIAM T. OWENS ONE HEALTHSOUTH PARWKAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VP & CONTROLLER Aggregate Year-to-Date $ 780.00	PAYROLL DEDUCTION	($30 BI-WEEKLY) $390.00

SUBTOTAL of Receipts This Page (optional)	$1,235.00
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. RICHARD M. SCRUSHY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: CHAIRMAN & CEO Aggregate Year-to-Date > $ 650.00	PAYROLL DEDUCTION	($25 BI-WEEKLY) $325.00
B. 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 > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
C. 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 > $ 390.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $195.00
D. JAMES WAGGONER, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 520.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $260.00
E. HANNIBAL CRUMPLER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRES. Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
F. AARON BEAM, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC VP & CFO Aggregate Year-to-Date > $ 390.00	PAYROLL DEDUCTION	($15 BI-WEEKLY) $195.00
G. TERRY R. MAXHIMER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: REGIONAL VICE PRES. Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00

SUBTOTAL of Receipts This Page (optional) $1,365.00

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

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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. EUGENE SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRES. Aggregate Year-to-Date > $ 520.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $260.00
B. KATHLEEN FOX 673 BEDFORD STREET ABINGTON, MA 02351 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH HOLDINGS, INC. Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
C. JEFFREY J. GARBER 3251 PROCTOR ROAD SARASOTA, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH OF SARASOTA, LP Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
D. GUY SHELTON 2255 SOUTH 132ND STREET, STE B OMAHA, NE 68144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH REHABILITATION CENTER OF OMAHA, LP Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
E. DOUGLAS JOLLY 5000 UNIVERSITY DRIVE CORAL GABLES, FL 33146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH DOCTORS' HOSPITAL, INC. Occupation: ASSISTANT CONTROLLER Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
F. CHARLES A. STARK 7700 EAST PARHAM ROAD RICHMOND, VA 23294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH OF VIRGINIA, INC. Occupation: ADMINISTRATOR Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00
G. JESSICAL NANTE 18550 I.H. 45 SOUTH CONROE, TX 77384 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH OF HOUSTON, INC. Occupation: AREA MANAGER Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($10 BI-WEEKLY) $130.00

SUBTOTAL of Receipts This Page (optional) $1,040.00

TOTAL This Period (last page this line number only) $10,195.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

CONTRIBUTIONS TO FEDERAL CANDIDATES

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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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. JOHN ENSIGN FOR CONGRESS 825 EAST ELDORADO LANE LAS VEGAS, NV 89123-0535	JOHN ENSIGN, U.S. HOUSE, NEVADA, DISTRICT 1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/9/97	$1,000.00
B. MISSOURIANS FOR KIT BOND 507 CAPITAL COURT WASHINGTON, D.C. 20002	KIT BOND, U.S. SENATE, MISSOURI Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/28/97	$1,000.00
C. SHELBY FOR U.S. SENATE P O BOX 1091 TUSCALOOSA, AL 35043	RICHARD SHELBY, U.S. SENATE, ALABAMA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/28/97	$4,000.00
D. SHELBY FOR U.S. SENATE P O BOX 1091 TUSCALOOSA, AL 35043	RICHARD SHELBY, U.S. SENATE, ALABAMA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/28/97	$5,000.00
E. CALLAHAN FOR CONGRESS COMMITTEE P O BOX 7641 MOBILE, AL 36670	SONNY CALLAHAN, U.S. HOUSE, ALABAMA, DISTRICT 1 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	10/13/97	$1,000.00
F. A LOT OF PEOPLE SUPPORTING TOM DASCHLE 424 C STREET NE, 1ST FLOOR WASHINGTON, D.C. 20002	TOM DASCHLE, U.S. SENATE, SOUTH DAKOTA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/19/97	$5,000.00
G. A LOT OF PEOPLE SUPPORTING TOM DASCHLE 424 C STREET NE, 1ST FLOOR WASHINGTON, DC 20002	TOM DASCHLE, U.S. SENATE, SOUTH DAKOTA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/19/97	$5,000.00
H. BOB RILEY FOR CONGRESS P O BOX 700 ASHLAND, AL 36251	BOB RILEY, U.S. HOUSE, ALABAMA, DISTRICT 3 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	11/21/97	$5,000.00
I. BOB RILEY FOR CONGRESS P O BOX 700 ASHLAND, AL 36251	BOB RILEY, U.S. HOUSE, ALABAMA, DISTRICT 3 Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/21/97	$1,000.00

SUBTOTAL of Disbursements This Page (optional) $28,000.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

CONTRIBUTIONS TO FEDERAL CANDIDATES

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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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
A. SPENCER BACHUS FOR CONGRESS P O BOX 5944 BIRMINGHAM, AL 35259	SPENCER BACHUS, U.S. HOUSE, ALABAMA, DISTRICT 6 [X] Primary [ ] General [ ] Other (specify)	11/24/97	$1,000.00
B. COVERDELL FOR SENATE 3091 MAPLE DRIVE, #200 ATLANTA, GA 30305	PAUL COVERDELL, U.S. SENATE, GEORGIA [X] Primary [ ] General [ ] Other (specify)	12/2/97	$500.00
C. PICKERING FOR CONGRESS P O BOX 6440 LAUREL, MS 39441	CHARLES "CHIP" PICKERING, JR. U.S. HOUSE, MISSISSIPPI, DISTRICT 3 [X] Primary [ ] General [ ] Other (specify)	12/11/97	$250.00
D.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	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) $1,750.00

TOTAL This Period (last page this line number only) $29,750.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

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
NEW REPUBLICAN MAJORITY FUNDS 1301 PENNSYLVANIA AVENUE NW, #500 WASHINGTON, DC 20004	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	7/11/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BILL JOHNSON FOR CITY COUNCIL COMMITTEE P O BOX 610614 BIRMINGHAM, AL 35261	NON-FEDERSL CONTRIBUTION Disbursement for: Primary General Other (specify)	7/17/97	$250.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 1ST STREET SE WASHINGTON, DC 20003	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	8/20/97	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALABAMA REPUBLICAN PARTY P O BOX 320800 BIRMINGHAM, AL 35232	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/8/97	$7,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
KENTUCKY DEMOCRATIC HQ 901 BARRETT AVENUE LOUISVILLE, KY 40204	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/97	$2,500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
RIGGS FOR REPRESENTATIVE 2832 RICHLAND AVENUE LOUISVILLE, KY 40220	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/97	$250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SAUNDERS FOR STATE SENATE 736 PALATKA ROAD LOUISVILLE, KY 40214	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/97	$500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
DEMOCRATIC SENATE LEGISLATIVE TRUST 250 E. LIBERTY STREET, SUITE 103 LOUISVILLE, KY 40202	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/97	$250.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROEDING FOR SENATE 2227 GRACE AVENUE FORT MITCHELL, KY 41017	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/25/97	$250.00

SUBTOTAL of Disbursements This Page (optional) $13,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

FOR LINE NUMBER 29

OTHER DISBURSEMENTS

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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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. ELECTION FUND OF SENATOR CODEY 449 MT PLEASANT AVENUE, SUITE 102 WEST ORANGE, NJ 07062	NON-FEDERAL CONTRIBUTION	10/1/97	$500.00
B. COMMITTEE TO RE-ELECT BILL CAMPBELL FOR MAYOR P O BOX 13765 ATLANTA, GA 30324-0765	NON-FEDERAL CONTRIBUTION	10/6/97	$2,000.00
C. BENNETT FOR SECRETARY OF STATE 201 VULCAN ROAD BIRMINGHAM, AL 35209	NON-FEDERAL CONTRIBUTION	10/29/97	$500.00
D. FRIENDS OF PERRY O. HOOPER, JR. 3700 EVEREST DRIVE MONTGOMERY, AL 36106	NON-FEDERAL CONTRIBUTION	11/20/97	$250.00
E. F & G PAC P O BOX 138 MONTGOMERY, AL 36101	NON-FEDERAL CONTRIBUTION	11/20/97	$500.00
F. PROGRESS PAC P O BOX 2246 MONTGOMERY, AL 35102	NON-FEDERAL CONTRIBUTION	12/2/97	$500.00
G. ATTORNEY GENERAL BILL PRYOR CAMPAIGN P O BOX 11184 MONTGOMERY, AL 36111	NON-FEDERAL CONTRIBUTION	12/11/97	$500.00
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $4,750.00

TOTAL This Period (last page this line number only) $18,250.00

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Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 21 (b)

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OPERATION EXPENDITURES/OTHER FEDERAL

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
HATCH ELECTION COMMITTEE 9115 WESTERHOLME WAY VIENNA, VA 22182	PRINTING EXPENSES Disbursement for: Primary General Other (specify)	12/2/97 (IN-KIND	$255.00 CONTRIBUTION)
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)	$255.00
TOTAL This Period (last page this line number only)	$255.00

FEC-AN047

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 recived.

☒	Hand Delivered	Date of Receipt 2-2-98
☐	First Class Mail	POSTMARKED
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☐	Received from the House office of Records and Registration	Date of Receipt
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MVD	2-2-98
PREPARER	DATE PREPARED

(7/97)