REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT 20 P 1:01

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, AL 35243

2. FEC IDENTIFICATION NUMBER
C - 00257048

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

4. TYPE OF REPORT

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

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

☐ 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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period July 1, 2000 through September 30, 2000		
6. (a) Cash on Hand January 1, 19__		$ 19,122.09
(b) Cash on Hand at Beginning of Reporting Period	$ 14,814.09	
(c) Total Receipts (from Line 19)	$ 10,821.85	$ 35,663.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 5(c) for Column B)	$ 25,635.94	$ 54,785.94
7. Total Disbursements (from Line 30)	$ 8,750.00	$ 37,900.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 16,885.94	$ 16,885.94
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: RICHARD M. SCRUSHY

Signature of Treasurer

Date: 10/16/2000

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 9/95)

FE9AN103

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, 2000 TO September 30,2000

	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)	3,960.00	11,070.00	11(a)(i)
ii. Unitemized	6,861.85	24,593.85	11(a)(ii)
iii. Total (add i and ii) ➤	10,821.85	35,663.85	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) ➤	10,821.85	35,663.85	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) ➤	10,821.85	35,663.85	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,821.85	35,663.85	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	5,000.00	27,750.00	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	3,750.00	10,150.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	8,750.00	37,900.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	8,750.00	37,900.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	10,821.85	35,663.85	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,821.85	35,663.85	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

FE8AH103

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 3

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. Harry J. Chororos One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date $ 325.00	Payroll Deduction	$0.00
B. Daniel V. Dourney One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date $ 320.00	Payroll Deduction	($20.00 Bi-wkly) thru 8/11/00) $60.00
C. Jeffrey S. Garber 3251 Proctor Road Sarasota, FL 34231 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH of Sarasota, Ltd. Occupation: Administrator Aggregate Year-to-Date $ 200.00	Payroll Deduction	($10.00 Bi-wkly) $70.00
D. Anthony J. Tanner One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH Corporation Occupation: Exec. V.P. Aggregate Year-to-Date $	Payroll Deduction	($250.00 Bi-wkly) $1,500.00
E. Elaine Ebaugh 901 Clearwater Largo Road North Largo, FL Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH of Largo, Ltd. Occupation: Administrator Aggregate Year-to-Date $ 200.00	Payroll Deduction	($10.00 Bi-wkly) $70.00
F. Timothy Marlow 1435 N. Expressway, Ste. 202 Griffin, GA 30223 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Employer: HEALTHSOUTH Holdings, Inc. Occupation: Administrator Aggregate Year-to-Date $ 200.00	Payroll Deduction	($10.00 Bi-wkly) $60.00
G. 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 $	Payroll Deduction	($15.00 Bi-wkly) $90.00

SUBTOTAL of Receipts This Page (optional) $1,850.00

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

FEBMN103

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. Douglas Jolly 5000 University Drive Coral Gables, FL 33146 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Doctors' Hospital, Inc. Occupation: Assistant Controller Aggregate Year-to-Date > $ 380.00	Payroll Deduction	($10.00 Bi-wkly) $70.00
B. LuAnn Fleshman 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 > $ 120.00	Payroll Deduction	($20.00 Bi-wkly) $120.00
C. James P. Bennett One Healthsouth Parkway Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Corporation Occupation: President Aggregate Year-to-Date > $ 3,400.00	Payroll Deduction	($200.00 Bi-wkly) (THRU 8/25/00) $800.00
D. Donna S. Jenkins 928 Mar Walt Drive, St. 104 Ft. Walton, FL 32547 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Corporation Occupation: Administrator Aggregate Year-to-Date > $ 380.00	Payroll Deduction	($15.00 Bi-wkly) $90.00
E. Karen G. Davis One Healthsouth Parkway Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Corporation Occupation: Administrator Aggregate Year-to-Date > $ 380.00	Payroll Deduction	($20.00 Bi-wkly) $120.00
F. William T. Owens One Healthsouth Parkway Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Corporation Occupation: Executive VP & CEO Aggregate Year-to-Date > $ 570.00	Payroll Deduction	($30.00 Bi-wkly) $180.00
G. Richard M. Scrushy One Healthsouth Parkway Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Corporation Occupation: C.E.O Aggregate Year-to-Date > $ 475.00	Payroll Deduction	($25.00 Bi-wkly) $150.00

SUBTOTAL of Receipts This Page (optional) $1,530.00

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

FEDA/H-03

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Michael D. Martin One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: CONSULTANT Aggregate Year-to-Date $ 285.00	Payroll Deduction	($15.00 Bi-wkly) $90.00
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James Waggoner, Jr. One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date $ 380.00	Payroll Deduction	($20.00 Bi-wkly) $120.00
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Hannibal Crumpler One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 285.00	Payroll Deduction	($15.00 Bi-wkly) $90.00
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Aaron Beam, Jr. One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec. V.P. Aggregate Year-to-Date $ 285.00	Payroll Deduction	($15.00 Bi-wkly) $90.00
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Eugene Smith One Healthsouth Parkway Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Senior Vice President Aggregate Year-to-Date $ 380.00	Payroll Deduction	($20.00 Bi-wkly) $120.00
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Alan L. Mulcahy 4801 South Congress Avenue, Ste. 1 Lake Worth, FL 33461 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Administrator Aggregate Year-to-Date $ 200.00	Payroll Deduction	($10.00 Bi-wkly) $70.00
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $		

SUBTOTAL of Receipts This Page (optional) $580.00

TOTAL This Period (last page this line number only) $3,960.00

FE8AN103

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Hatch for Senate P.O. Box 1480 Washington, DC	Orrin Hatch, Candidate, U.S. Senate, Utah Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/10/2000	$2,000.00
B. Full Name, Mailing Address and ZIP Code National Leadership PC P.O. Box 5577 Manhattanville Station New York, NY 10027	Federal PAC Contribution Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC	7/10/2000	$2,000.00
C. Full Name, Mailing Address and ZIP Code Roth Senate Committee P.O. Box 105 Wilmington, DE 19899	Roth, Candidate, U.S. Senate, Delaware Disbursement for: [X] Primary [ ] General [ ] Other (specify)	9/27/2000	$1,000.00
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) .....

TOTAL This Period (last page this line number only) $5,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursement

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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 Committee to Re-Elect Ray Rawson, State Senate 2217 Scarlet Rose Las Vegas, NV 89134	Purpose of Disbursement Non-Federal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 7/28/2000	Amount of Each Disbursement This Period $500.00
B. Full Name, Mailing Address and ZIP Code FGA PAC 4234South Hall Street Montgomery, AL 36104	Purpose of Disbursement Non- Federal Contribution. Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	Date (month, day, year) 8/9/2000	Amount of Each Disbursement This Period $3,250.00
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) .....

TOTAL This Period (last page this line number only) $3,750.00

FGA/4103

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
☑	Registered/Certified Mail	POSTMARKED (R/C) 10/16/00
☐	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	

OR	10/20/00
PREPARER	DATE PREPARED

(6/2000)