HEALTHSOUTH Corporation®

FEDERAL ELECTION COMMISSION MAIL ROOM
Nov 22 11 53 AM '94

November 14, 1994

Federal Election Commission
999 East Street, N.W.
Washington, D.C. 20463

Dear Sirs:

Re: HEALTHSOUTH Rehabilitation Corporation
Political Action Committee
FEC Identification Number C-00257048
Twelfth Day Report Preceding General Election
on November 8, 1994 in the State of Alabama

Enclosed, please find the FEC Form 3X, Report of Receipts and Disbursements, for the above-referenced committee for the period of October 1, 1994 through October 19, 1994. This report is being filed late with the Federal Election Commission for the following reason.

All of the receipts of the committee are received in the form of biweekly payroll deductions. All of the information regarding these payroll deductions are accumulated by ADP, the company that provides payroll services to HEALTHSOUTH Rehabilitation Corporation. The reports for these payroll deductions for the period ending October 19, 1994 were late in arriving at our offices. In addition, these reports had numerous errors in them, and as a result, it took several weeks to get accurate reports in order to prepare the FEC Form 3X for the above committee.

Measures have been taken in order to assure that we get accurate reports in the future on a timely basis so that the FEC Form 3X's are timely prepared and filed.

If you have any questions or need any additional information, please contact me at (205) 967-7116.

Sincerely,

Loree J. Skelton

Loree J. Skelton
Vice President and Attorney
Corporate Development

LJS/mm

Enclosure

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HEALTHSOUTH Rehabilitation Corporation
Political Action Committee

ADDRESS (number and street) ☐ Check if different than previously reported
Two Perimeter Park South, 224W

CITY, STATE and ZIP CODE
Birmingham, Alabama 35243

Nov 22 11 53 AM '94

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

☐ Twelfth day report preceding General (Type of Election) election on 11/8/94 in the State of Alabama

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period October 1, 1994 through Oct. 19, 1994		
6. (a) Cash on Hand January 1, 19__		$ 27,585.82
(b) Cash on Hand at Beginning of Reporting Period	$ 28,480.03	
(c) Total Receipts (from Line 19)	$ 1,764.28	$ 28,408.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 30,244.31	$ 55,994.31
7. Total Disbursements (from Line 30)	$ 5,000.00	$ 30,750.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 25,244.31	$ 25,244.31
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~~ Assistant Treasurer
Anthony J. Tanner

Signature of ~~Treasurer~~ Assistant Treasurer

Date 11/11/94

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)

FE4AN101

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 10/1/94 TO 10/19/94

	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)	555.00	7,700.00	11(a)(i)
ii. Unitemized	1,166.50	20,267.50	11(a)(ii)
iii. Total (add i and ii) ➤	1,721.50	27,967.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	1,721.50	27,967.50	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.)	42.78	440.99	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	1,764.28	28,408.49	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	1,764.28	28,408.49	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	3,000.00	7,000.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees			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	2,000.00	23,750.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	5,000.00	30,750.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	5,000.00	30,750.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	1,721.50	27,967.50	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	1,721.50	27,967.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	0.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	0.00	37

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions From Individuals

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

PAGE 1 OF 5

FOR LINE NUMBER 11(a)(i)

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. Aaron Beam, Jr. Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Exec. VP & CFO Aggregate Year-to-Date $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)
B. James P. Bennett Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: President & COO Aggregate Year-to-Date $ 1,425.00	Payroll Deduction	$ 100.00 ($100 Biweekly)
C. Richard E. Botts Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
D. P. Daryl Brown Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: President & COO Aggregate Year-to-Date $ 270.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
E. Thomas W. Carman Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Exec. Vice President Aggregate Year-to-Date $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)
F. Jack F. Chamblee, Jr. Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
G. Hannibal Crumpler Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice Pres. & Controller Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 170.00

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. Drew Demaray Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice Pres. & Attorney Aggregate Year-to-Date > $ 735.00	Payroll Deduction	$ 35.00 ($35 Biweekly)
B. Henry T. Duke Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)
C. Patrick Foster Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 260.00	Payroll Deduction	$ 20.00 ($ 20 Biweekly)
D. Jack H. Hawkins Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
E. Larry R. House Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH International , Inc. Occupation: President Aggregate Year-to-Date > $ 630.00	N/A	$ 0
F. Michael D. Martin Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Sr. VP & Treasurer Aggregate Year-to-Date > $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)
G. Stuart Murphy Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $	Payroll Deduction	$ 10.00 ($ 10 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 105.00

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. Donald W. Myers Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
B. Sheila Owens Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
C. William T. Owens Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Sr. VP & Controller Aggregate Year-to-Date $ 630.00	Payroll Deduction	$ 30.00 ($ 30 Biweekly)
D. Daniel Riviere Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
E. Thomas Rogan Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 735.00	Payroll Deduction	$ 35.00 ($ 35 Biweekly)
F. Teresa Rubio Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Asst. Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
G. Richard M. Scrushy Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation President & CEO Aggregate Year-to-Date $ 525.00	Payroll Deduction	$ 25.00 ($ 25 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 130.00

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. Eugene Smith Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Sr. Vice President Aggregate Year-to-Date > $420.00	Payroll Deduction	$ 20.00 ($ 20 Biweekly)
B. Charles D. Stevenson Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Asst. Vice President Aggregate Year-to-Date > $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
C. Anthony J. Tanner Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Exec. VP & Secretary Aggregate Year-to-Date > $ 1050.00	Payroll Deduction	$ 50.00 ($ 50 Biweekly)
D. Rob Thomson Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 210.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
E. James T. Waggoner Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 420.00	Payroll Deduction	$ 20.00 ($ 20 Biweekly)
F. Michael Waldheim Two Perimeter Park South, 224W Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)
G. Jeffrey D. Vosel 2201 Capers Avenue Nashville, Tennessee 37212 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Director of Operations Aggregate Year-to-Date > $ 315.00	Payroll Deduction	$ 15.00 ($ 15 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 140.00

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Beverly Scardina 20601 Old Cutler Road Miami, Florida 33189 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation L. P.N. Aggregate Year-to-Date $ 200.00	Payroll Deduction	$ 10.00 ($ 10 Biweekly)
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)	$ 10.00
TOTAL This Period (last page this line number only)	$555.00

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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

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 For Senate 265 East 1st South Salt Lake City, Utah 84138	Orrin Hatch, Senate Candidate Disbursement for: [ ] Primary [x] General [ ] Other (specify)	10/19/94	$ 2,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Newt Gingrich 1085 Holcomb Bridge, Suite 190 Roswell, Georgia 30076	Newt Gingrich, House Candidate Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/19/94	$ 1,000.00
C. 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)		
D. 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)		
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)	$ 3,000.00
TOTAL This Period (last page this line number only)	$ 3,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursements

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

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Don Hale Campaign 11 South Union Street The State House - Room 721 Montgomery, Alabama 36130	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/5/94	$ 500.00
B. Full Name, Mailing Address and ZIP Code Bill Armistead Campaign Post Office Box 64 Pelham, Alabama 35124	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/94	$ 500.00
C. Full Name, Mailing Address and ZIP Code John Hawkins Campaign 11 South Union Street The State House - Room 536-C Montgomery, Alabama 36130	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/94	$ 500.00
D. Full Name, Mailing Address and ZIP Code Wendell Mitchell Campaign 11 South Union Street The State House - Room 731 Montgomery, Alabama 36130	Nonfederal Contributions Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	10/14/94	$ 500.00
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)	$ 2,000.00
TOTAL This Period (last page this line number only)	$ 2,000.00

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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 11-16-94
☐	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

JMld
PREPARER

11-22-94
DATE PREPARED

FEC FORM 70-2 (12/92)

24035-41707