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

CITY, STATE and ZIP CODE
BIRMINGHAM, ALABAMA 35243

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM
Oct 20 12 25 PM '96

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 _____ (Type of Election) election on _____ in the State of _____

☐ 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 JULY 1, 1996 through SEPTEMBER 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 54,955.13
(b) Cash on Hand at Beginning of Reporting Period	$ 66,782.50	
(c) Total Receipts (from Line 19)	$ 15,384.99	$ 42,614.36
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 82,167.49	$ 97,569.49
7. Total Disbursements (from Line 30)	$ 23,400.00	$ 38,802.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 58,767.49	$ 58,767.49
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 10/15/96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

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

(revised 1/1/91)

NAME OF COMMITTEE	REPORT COVERING PERIOD FROM JULY 1, 1996 TO SEPTEMBER 30, 1996
HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE	

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year	
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)	5,635.00	12,320.00	11
ii. Unitemized	9,316.64	29,281.75	11
iii. Total (add i and ii) ➤	14,951.64	41,601.75	11
b. Political Party Committees			11
c. Other Political Committees (such as PACs)			11
d. Total Contributions (add a iii, b and c) ➤	14,951.64	41,601.75	11
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.)	433.35	1,012.61	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	15,384.99	42,614.36	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	15,384.99	42,614.36	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21
ii. Non-Federal Share			21
b. Other Federal Operating Expenditures	0.00	2.00	21
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	2.00	21
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	7,150.00	10,650.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28
b. Political Party Committees			28
c. Other Political Committees (such as PACs)			28
d. Total Contribution Refunds (add a, b and c) ➤			28
29. Other Disbursements	16,250.00	28,150.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	23,400.00	38,802.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	23,400.00	38,802.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	14,951.64	41,601.75	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	14,951.64	41,601.75	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	2.00	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	2.00	37

FEP2000A

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)

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS W. CARMAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC. VICE PRESIDENT Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$105.00 ($15 BI-WEEKLY)
B. ANTHONY J. TANNER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC. VP & SECRETARY Aggregate Year-to-Date > $ 4,600.00	PAYROLL DEDUCTION	$1,750.00 ($250 BI-WEEKLY)
C. ROBERT E. THOMSON TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: PRESIDENT & COO Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY)
D. HENRY T. DUKE TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$105.00 ($15 BI-WEEKLY)
E. THOMAS P. ROGAN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 700.00	PAYROLL DEDUCTION	$245.00 ($35 BI-WEEKLY)
F. JACK H. HAWKINS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY)
G. C. DREW DEMARAY TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 325.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY)

SUBTOTAL of Receipts This Page (optional) > $2,415.00

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

CHEDULE 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. JAMES P. BENNETT TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: PRESIDENT Aggregate Year-to-Date > $ 4,000.00	PAYROLL DEDUCTION	$1,400.00 ($200 BI-WEEKLY
B. TERESA RUBIO TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
C. MICHAEL WALDHEIM TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$105.00 ($15 BI-WEEKLY
D. BARRY C. KNIGHT TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: ASSIST. VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
E. RICHARD E. BOTTS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
F. W. DONALD MYERS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEATLHSOUTH CORPORATION Occupation: REGIONAL VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
G. SHEILA D. MCKENNA TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY

SUBTOTAL of Receipts This Page (optional) $1,855.00

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

CHEDULE A — ITEMIZED RECEIPTS

CONTRIBUTIONS FROM INDIVIDUALS

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

FOR LINE NUMBER 11(a)(1)

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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
P. DARYL BROWN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT & COO Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY)
WILLIAM T. OWENS TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SR. VICE PRES.& CONTROLLER Aggregate Year-to-Date $ 600.00	PAYROLL DEDUCTION	$210.00 ($30 BI-WEEKLY)
RICHARD M. SCRUSHY TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION CHIEF EXECUTIVE OFFICER Aggregate Year-to-Date $ 500.00	PAYROLL DEDUCTION	$175.00 ($25 BI-WEEKLY)
CHARLES D. STEVENSON TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ASSIST. VICE PRESIDENT Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	70.00 ($10 BI-WEEKLY)
MICHAEL D. MARTIN TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & TREASURER Aggregate Year-to-Date $ 300.00	PAYROLL DEDUCTION	$105.00 ($15 BI-WEEKLY)
JAMES T. WAGGONER, JR. TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date $ 400.00	PAYROLL DEDUCTION	$140.00 ($20 BI-WEEKLY)
HANNIBAL CRUMPLER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT Aggregate Year-to-Date $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY)

SUBTOTAL of Receipts This Page (optional) $840.00

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

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
AARON BEAM, JR. TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & CFO Aggregate Year-to-Date > $ 300.00	PAYROLL DEDUCTION	$105.00 ($15 BI-WEEKLY
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
TERRY R. MAXHIMER TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION ADMINISTRATOR Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
EUGENE SMITH TWO PERIMETER PARK SOUTH BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 400.00	PAYROLL DEDUCTION	$140.00 ($20 BI-WEEKLY
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
CHARLES A. STARK 7700 EAST PARHAM ROAD RICHMOND, VIRGINIA 23294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF VIRGINIA, INC. ADMINISTRATOR Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
GLEN R. DAVIS 175 LANCASTER BOULEVARD MECHANICSBURG, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH OF MECHANICSBURG, INC. ADMINISTRATOR Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
MICHAEL G. TREADWAY 1282 UNION AVENUE MEMPHIS, TN 38104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH/METHODIST REHABILITATION HOSPITAL LIMITED PARTNERSHIP CONTROLLER Aggregate Year-to-Date > $ 200.00	PAYROLL DEDUCTION	$70.00 ($10 BI-WEEKLY
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) > $525.00

TOTAL This Period (last page this line number only) > $5,635.00

SCHEDULE A

ITEMIZED RECEIPTS

OTHER FEDERAL RECEIPTS

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

PAGE 1 OF 1

FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

REALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
PINNACLE BANK 701 MONTGOMERY HIGHWAY BIRMINGHAM, AL 35236	N/A - INTEREST INCOME	MONTHLY	$433.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: N/A Aggregate Year-to-Date > $		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) $433.35

TOTAL This Period (last page this line number only) $433.35

SCHEDULE B

ITEMIZED DISBURSEMENTS

CONTRIBUTIONS TO FEDERAL CANDIDATES

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

FOR LINE NUMBER 23

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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. TED STEVENS FOR U.S. SENATE COMMITTEE 522 HART BUILDING WASHINGTON, DC 20510	TED STEVENS, U.S. SENATE CANDIDATE, ALASKA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/12/96	$1,000.00
B. FRIENDS OF NEWT GINGRICH H-232, THE CAPITAL WASHINGTON, DC 20515	NEWT GINGRICH, HOUSE DISTRICT 6 CANDIDATE, GA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/96	$2,500.00
C. CHRISTENSEN FOR U.S. CONGRESS P. O. BOX 540621 OMAHA, NEBRASKA 68154	CHRISTENSEN, HOUSE DISTRICT 2 CANDIDATE, NE Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/96	$350.00
D. NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE 320 FIRST STREET SE ATTN: FINANCE DIVISION WASHINGTON, DC 20003	NATIONAL COMMITTEE CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/96	$300.00
E. COVERDELL FOR U.S. SENATE COMMITTEE GOOD GOVERNMENT COMMITTEE 3091 MAPLE DRIVE, SUITE 200 ATLANTA, GA 30305	COVERDELL, U.S. SENATE CANDIDATE, GEORGIA Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/12/96	$1,000.00
F. ROBERT ADERHOLD FOR U.S. CONGRESS P. O. BOX 1158 HALEYVILLE, AL 35565-1158	ROBERT ADERHOLT, HOUSE DISTRICT 4 CANDIDATE, AL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/22/96	$1,000.00
G. BOB RILEY FOR U.S. CONGRESS P. O. BOX 700 ASHLAND, AL 36251	BOB RILEY, HOUSE DISTRICT 3 CANDIDATE, AL Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/23/96	$1,000.00
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) $7,150.00

TOTAL This Period (last page this line number only) $7,150.00

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

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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	Date (month, day, year)	Amount of Each Disbursement This Period
A. SKINNER RE-ELECTION CAMPAIGN COMMITTEE P. O. BOX 361372 HOOVER, AL 35236	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	7/8/96	$1,000.00
B. DAVIS FOR COUNCIL 1101 SOUTH COVE VESTAVIA HILLS, AL 35216	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	7/12/96	$500.00
C. ALABAMA REPUBLICAN PARTY P. O. BOX 320800 BIRMINGHAM, AL 35232-0800	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	8/7/96	$2,500.00
D. RE-ELECTION CAMPAIGN OF PAT REYNOLDS 2147 CEDARBROOK LANE BIRMINGHAM, AL 35216	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	8/7/96	$2,000.00
E. BRIAN SKELTON FOR COUNCIL CAMPAIGN 3141 OLD COLUMBIANA ROAD BIRMINGHAM, AL 35266	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	8/9/96	$500.00
F. FRIENDS OF SENATOR CODY ELECTION COMMITTEE 449 MT. PLEASANT AVENUE, SUITE 102 WEST ORANGE, NEW JERSEY 07052	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/12/96	$500.00
G. JEFFCO REPUBLICAN PARTY COURTHOUSE CAMPAIGN 2804 CRESCENT AVENUE HOMEWOOD, AL 35209	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/23/96	$250.00
H. WYN PAC P. O. BOX 230039 MONTGOMERY, AL 36123	NONFEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	9/23/96	$9,000.00
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) $16,250.00

TOTAL This Period (last page this line number only) $16,250.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
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☐	No Postmark	
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☐	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

TS

PREPARER

10-20-96

DATE PREPARED

FEC FORM 70-2 (12/92)