REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
MAIL ROOM

JUL 20 10 27 AM '96

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, Suite 224W

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
[X] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period April 1, 1996 through June 30, 1996		
6. (a) Cash on Hand January 1, 19 96		$ 54,955.13
(b) Cash on Hand at Beginning of Reporting Period	$ 67,261.82	
(c) Total Receipts (from Line 19)	$ 13,922.68	$ 27,229.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 81,184.50	$ 82,184.50
7. Total Disbursements (from Line 30)	$ 14,402.00	$ 15,402.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 66,782.50	$ 66,782.50
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: Anthony J. Tanner, Assistant Treasurer

Signature of Treasurer: [signature]

Date: 7/15/96

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)

FE5AN095

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 April 1, 1996 TO June 30, 1996

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)	3,480.00	6,685.00	11(a)(i)
ii. Unitemized	10,074.11	19,965.11	11(a)(ii)
iii. Total (add i and ii) ➤	13,554.11	26,650.11	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) ➤	13,554.11	26,650.11	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.)	368.57	579.26	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	13,922.68	27,229.37	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	13,922.68	27,229.37	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	2.00	2.00	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	2.00	2.00	21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	2,500.00	3,500.00	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	11,900.00	11,900.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14,402.00	15,402.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14,402.00	15,402.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	13,554.11	26,650.11	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	13,554.11	26,650.11	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	2.00	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) ➤	2.00	2.00	37

FE5AN066

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 1 OF 1

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. James P. Bennett Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: President Aggregate Year-to-Date: $2,600.00	Payroll Deduction	$1,200.00 ($200 Biweekly)
B. William T. Owens Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Sr. Vice Pres.&Controller Aggregate Year-to-Date: $390.00	Payroll Deduction	$180.00 ($30 Biweekly)
C. Thomas Rogan Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date: $455.00	Payroll Deduction	$210.00 ($35 Biweekly)
D. Richard M. Scrushy Two Perimeter Park South Birmingham, Alabama Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Chief Executive Officer Aggregate Year-to-Date: $325.00	Payroll Deduction	$150.00 ($25 Biweekly)
E. Eugene Smith Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Sr. Vice President Aggregate Year-to-Date: $260.00	Payroll Deduction	$120.00 ($20 Biweekly)
F. Anthony J. Tanner Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec.VicePres&Secretary Aggregate Year-to-Date: $2,850.00	Payroll Deduction	$1,500.00 (250 Biweekly)
G. James T. Waggoner, Jr. Two Perimeter Park South Birmingham, Alabama 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$120.00 ($20 Biweekly)

SUBTOTAL of Receipts This Page (optional)	$3,480.00
TOTAL This Period (last page this line number only)	$3,480.00

FE8AN005

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)

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. Pinnacle Bank 701 Montgomery Highway Birmingham, Alabama 35236 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	N/A - Interest Income Occupation: N/A Aggregate Year-to-Date $ 579.26	Monthly	$368.57
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)	$368.57
TOTAL This Period (last page this line number only)	$368.57

FE5AN000

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

A. Full Name, Mailing Address and ZIP Code Everett for Congress P. O. Box 1460 Enterprise, Alabama 36331	Purpose of Disbursement Terry Everett, House District 2, AL, Candidate Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/10/96	Amount of Each Disbursement This Period $2,000.00
B. Full Name, Mailing Address and ZIP Code Callahan for Congress P. O. Box 7641 Mobile, Alabama 36670	Purpose of Disbursement Sonny Callahan, House District 1, AL, Candidate Disbursement for: [X] Primary [ ] General [ ] Other (specify)	Date (month, day, year) 4/10/96	Amount of Each Disbursement This Period $500.00
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)	$2,500.00
TOTAL This Period (last page this line number only)	$2,500.00

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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

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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
Friends of Governor Tom Ridge P. O. Box 11667 Harrisburg, Pennsylvania 17108	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/15/96	$2,500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Alabama Winners Fund P. O. Box 231076 Montgomery, Alabama 36123	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	5/06/96	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Victory '96 P. O. Box 320800 Birmingham, Alabama 35232	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/11/96	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
F. G. A. PAC P. O. Box 138 Montgomery, Alabama 36101	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/11/96	$2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gerald Dial for Congress P. O. Box 248 Lineville, Alabama 36266	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/11/96	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Louisville-Jefferson County Democratic Party 1250 Bardstown Road Louisville, Kentucky 40204-1333	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	6/26/96	$400.00
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)	$11,900.00
TOTAL This Period (last page this line number only)	$11,900.00

FE5A/065

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 7/15/96
☐	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

EQC
PREPARER

7/20/96
DATE PREPARED

FEC FORM 70-2 (12/92)