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

ONE HEALTHSOUTH PARKWAY

CITY, STATE and ZIP CODE

BIRMINGHAM, ALABAMA 35243

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

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 JANUARY 1, 1999 through JUNE 30, 1999		
6. (a) Cash on Hand January 1, 19__		$ 15,920.15
(b) Cash on Hand at Beginning of Reporting Period	$ 15,920.15	
(c) Total Receipts (from Line 19)	$ 25,697.29	$ 25,697.29
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 41,617.44	$ 41,617.44
7. Total Disbursements (from Line 30)	$ 15,500.00	$ 15,500.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 26,117.44	$ 26,117.44
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
MICHAEL R. MARTIN, ASSISTANT TREASURER

Signature of Treasurer

Date

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)

FEBRN121

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 1/1/99 TO 6/30/99

	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)	7,908.50	7,908.50	11(a)(i)
ii. Unitemized	17,788.79	17,788.79	11(a)(ii)
iii. Total (add i and ii) ➤	25,697.29	25,697.29	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) ➤	25,697.29	25,697.29	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) ➤	25,697.29	25,697.29	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	25,697.29	25,697.29	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	11,500.00	11,500.00	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	4,000.00	4,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	15,500.00	15,500.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	15,500.00	15,500.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	25,697.29	25,697.29	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	25,697.29	25,697.29	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

FE8A/91

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 2

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. CHORORS ONE HEALTHSOUTH PARKWAY 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	($25 BI-WEEKLY) $325.00
B. DANIEL V. DOURNEY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: VICE PRESIDENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $240.00
C. ANTHONY J. TANNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: EXEC. VP & SECRETARY Aggregate Year-to-Date > $ 3,000.00	PAYROLL DEDUCTION	($250 BI-WEEKLY) $3,000.00
D. 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 > $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $240.00
E. THOMAS ROGAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 420.00	PAYROLL DEDUCTION	($40 BI-WEEKLY) $420.00
F. 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 > $ 2,400.00	PAYROLL DEDUCTION	($200 BI-WEEKLY) $2,400.00
G. KAREN G. DAVIS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GROUP VICE PRESIDENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) 240.00

SUBTOTAL of Receipts This Page (optional) $6,865.00

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

FE6AN121

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 2 OF 2

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. WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: GRP. SR. VP & CONTROLLER Aggregate Year-to-Date > $ 360.00	PAYROLL DEDUCTION	($30 BI-WEEKLY) $360.00
B. 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 > $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $240.00
C. HANNIBAL CRUMPLER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 203.50	PAYROLL DEDUCTION	($38.50 ON 1/15) ($15 BI-WEEKLY SINCE 1/15) $203.50
D. EUGENE SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH CORPORATION Occupation: SENIOR VICE PRESIDENT Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $240.00
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) $1,043.50

TOTAL This Period (last page this line number only) $7,908.50

FE2AN121

SCHEDULE B **ITEMIZED DISBURSEMENTS**

CONTRIBUTIONS TO FEDERAL CANDIDATES

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

PAGE I OF I

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	Date (month, day, year)	Amount of Each Disbursement This Period
A. AMERICAN RENEWAL PAC P.O. BOX 221104 CHANTILLY, VIRGINIA 20153	PAC CONTRIBUTION Disbursement for: [X] Primary [ ] General [ ] Other (specify)	1/25/99	$5,000.00
B. TERRY EVERETT FOR CONGRESS P.O. BOX 230189 MONTGOMERY, AL 36123	TERRY EVERETT, CANDIDATE U.S. HOUSE, AL DIST. 2 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	3/8/99	$500.00
C. CITIZENS FOR HARKIN P.O. BOX 811 DES MOINES, IOWA 50304	TOM HARKIN, CANDIDATE, U.S. SENATE, IOWA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/19/99	$5,000.00
D. PEOPLE FOR ENGLISH P.O. BOX 1940 ERIE, PENNSYLVANIA 16507	PHIL ENGLISH, CANDIDATE U.S. HOUSE, PENN. DIST. 21 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	6/11/99	$1,000.00
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) $11,500.00

TOTAL This Period (last page this line number only) $11,500.00

FE8AN121

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 29

SCHEDULE B **ITEMIZED DISBURSEMENTS**

NON-FEDERAL 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	Date (month, day, year)	Amount of Each Disbursement This Period
A. F & G PAC P.O. BOX 138 MONTGOMERY, ALABAMA 36101	NON-FEDERAL CONTRIBUTION [X] Primary [ ] General [ ] Other (specify)	2/24/99	$3,500.00
B. SHELBY COUNTY REPUBLICAN PARTY 507 MINUTE DRIVE ALABASTER, ALABAMA 35007	NON-FEDERAL CONTRIBUTION [X] Primary [ ] General [ ] Other (specify)	3/8/99	$500.00
C.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I.	Purpose of Disbursement [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	$4,000.00
TOTAL This Period (last page this line number only)	$4000.00

FE5AN 121

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 7/27/99
☐	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	
	PREPARER	7/30/99 DATE PREPARED

(4/98)