REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION

JUL 19 11 37 AM '98

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

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 APRIL 1, 1998 through JUNE 30, 1998		
6. (a) Cash on Hand January 1, 19 98		$ 20,252.49
(b) Cash on Hand at Beginning of Reporting Period	$ 24,148.19	
(c) Total Receipts (from Line 19)	$ 44,702.95	$ 58,548.65
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 68,851.14	$ 78,801.14
7. Total Disbursements (from Line 30)	$ 39,092.86	$ 49,042.86
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 29,758.28	$ 29,758.28
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 D. MARTIN, ASSISTANT TREASURER

Signature of Treasurer

Date 7/15/98

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)

PEBANO84

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, 1998 TO JUNE 30, 1998

	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)	34,247.00	37,852.00	11(a)(i)
ii. Unitemized	10,455.95	20,696.65	11(a)(ii)
iii. Total (add i and ii) ➤	44,702.95	58,548.65	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) ➤	44,702.95	58,548.65	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) ➤	44,702.95	58,548.65	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	44,702.95	58,548.65	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	8,625.00	13,625.00	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	30,467.86	35,417.86	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	39,092.86	49,042.86	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	39,092.86	49,042.86	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	44,702.95	58,548.65	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	44,702.95	58,548.95	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

FE8AN084

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 1 OF 4

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. THOMAS W. CARMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXECUTIVE VICE PRES. Aggregate Year-to-Date $195.00	PAYROLL DEDUCTION	($45 B-WEEKLY THRU 4/25) $90.00
B. THOMAS W. CARMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXECUTIVE VICE PRES. Aggregate Year-to-Date $ 4,995.00	4/20/98	$4,800.00
C. WESTON L. SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $320.00	PAYROLL DEDUCTION	($5 ON 4/11) ($25 ON 4/25 THRU 6/6) ($200 ON 6/20) $285.00
D. WESTON L. SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 1,000.00	4/20/98	$1,000.00
E. JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date $ 1,600.00	PAYROLL DEDUCTION	($200 BI-WEEKLY THRU 4/11) $200.00
F. JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date $ 5,000.00	4/20/98	$3,400.00
G. GINA CLARK ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT Aggregate Year-to-Date $ 1,000.00	4/20/98	$1,000.00

SUBTOTAL of Receipts This Page (optional) $10,775.00

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

FE8AN064

SCHEDULE 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
A. PATRICK FOSTER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date > $ 8.00	PAYROLL DEDUCTION	($1 BI-WEEKLY THRU 4/11) $1.00
B. PATRICK FOSTER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date > $ 5,000.00	4/20/98	$4,992.00
C. P. DARYL BROWN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date > $ 80.00	PAYROLL DEDUCTION	($10 BI-WEEKLY THRU 4/11) $10.00
D. P. DARYL BROWN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT Aggregate Year-to-Date > $ 5,000.00	4/20/98	$4,920.00
E. WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP SR. VICE PRES. Aggregate Year-to-Date > $ 240.00	PAYROLL DEDUCTION	($30 BI-WEEKLY THRU 4/11) $30.00
F. WILLIAM T. OWENS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP SR. VICE PRES. Aggregate Year-to-Date > $ 5,000.00	4/20/98	$4,760.00
G. DANIEL V. DOURNEY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $ 260.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $120.00

SUBTOTAL of Receipts This Page (optional) $14,833.00

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

FE8AN004

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

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	HEALTHSOUTH CORPORATION EXEC VP & CFO	PAYROLL DEDUCTION	($15 BI-WEEKLY THRU 4/11) $15.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $120.00		
B. 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	HEALTHSOUTH CORPORATION EXEC VP & CFO	4/20/98	$4,880.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $5,000.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SHARON B. FAULKNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT	PAYROLL DEDUCTION	($5 BI-WEEKLY) $30.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $65.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
SHARON B. FAULKNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT	4/20/98	$1,000.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $1,065.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
ANTHONY J. TANNER ONE HEATLHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION EXECUTIVE VICE PRES.	PAYROLL DEDUCTION	($250. BI-WEEKLY) $1,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $3,250.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
LUANN FLESHMAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION REGIONAL VICE PRES.	PAYROLL DEDUCTION	($20 BI-WEEKLY) $120.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $260.00		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
JESSICA NANTZ 18550 I.H. 45 SOUTH CONROE, TX 77384	HEALTHSOUTH OF TEXAS, INC. AREA MANAGER	4/26/98	$200.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $220.00		

SUBTOTAL of Receipts This Page (optional) $7,745.00

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

FE8AN084

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 4 OF 4

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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. THOMAS ROGAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT $ 455.00	PAYROLL DEDUCTION	($35 BI-WEEKLY) $210.00
B. KAREN G. DAVIS ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION GROUP VICE PRESIDENT $ 260.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $120.00
C. RICHARD M. SCRUSHY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION CHAIRMAN & CEO $ 325.00	PAYROLL DEDUCTION	($25 BI-WEEKLY) $150.00
D. JAMES T. WAGGONER, JR. ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT $ 260.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $120.00
E. EUGENE SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT $ 260.00	PAYROLL DEDUCTION	($20 BI-WEEKLY) $120.00
F. HANNIBAL CRUMPLER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VICE PRESIDENT $ 244.00	PAYROLL DEDUCTION	($10 BI-WEEKLY THRU 4/25/98) (38.50 BI-WEEKLY) $174.00
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) $894.00

TOTAL This Period (last page this line number only) $34,247.00

FE8A/084

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	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
FAIRCLOTH FOR SENATE P O BOX 26585 RALEIGH, NC 27661	LAUCH FAIRCLOTH, U.S. SENATE, NORTH CAROLINA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/9/98	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
THE COVERDELL GOOD GOVERNMENT COMMITTEE 3091 MAPLE DRIVE, STE. 200 ATLANTA, GA 30305	PAUL COVERDELL, U.S. SENATE, GEORGIA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/15/98	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
DAN BURTON FOR CONGRESS COMMITTEE P O BOX 50593 INDIANAPOLIS, IN 46250	DAN BURTON, U.S. HOUSE, INDIANA, DISTRICT 6 Disbursement for: [X] Primary [ ] General [ ] Other (specify)	4/27/98	$1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
NEW REPUBLICAN MAJORITY FUND 1301 PENNSYLVANIA AVENUE, NW, STE. 500 WASHINGTON, DC 20004	FEDERAL PAC CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC CONTRIBUTION	4/27/98	$5,000.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
SPIRIT OF AMERICA PAC 505 CAPITAL COURT NE, STE. 100 WASHINGTON, DC 20002	FEDERAL PAC CONTRIBUTION Disbursement for: [ ] Primary [ ] General [X] Other (specify) PAC CONTRIBUTION	5/7/98	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
JOHN BREAUX SENATE COMMITTEE 110 B EAST BROAD STREET FALLS CHURCH, VA 22046	JOHN BREAUX, U.S. SENATE, LOUISIANA Disbursement for: [X] Primary [ ] General [ ] Other (specify)	5/7/98 (IN-KIND CONTRIBUTION)	$125.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement / Disbursement for	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 / Disbursement for	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 / Disbursement for	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional) .....

TOTAL This Period (last page this line number only) $8,625.00

FE6AN084

SCHEDULE B **ITEMIZED DISBURSEMENTS**

OTHER DISBURSEMENTS

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

PAGE 1 OF 3

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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. ATTORNEY GENERAL BIL PRYOR COMMITTEE 98 P O BOX 11184 MONTGOMERY, AL 36111	NON-FEDERAL CONTRIBUTION	4/9/98	$2,500.00
B. TAFT FOR OHIO 16 EAST BROAD STREET COLUMBUS, OH 43215	NON-FEDERAL CONTRIBUTION	4/17/98	$500.00
C. FOB JAMES RE-ELECTION COMMITTEE P O BOX 218 MONTGOMERY, AL 36101	NON-FEDERAL CONTRIBUTION	4/17/98	$10,000.00
D. WINDOM VICTORY FUND P O BOX 1949 MONTGOMERY, AL 36102	NON-FEDERAL CONTRIBUTION	4/17/98	$3,000.00
E. STEPHENS FOR CIRCUIT COURT 704 STAFFORDSHIRE LANE BIRMINGHAM, AL 35226	NON-FEDERAL CONTRIBUTION	4/20/98	$500.00
F. JOHN AMARI FOR LT. GOVERNOR 9636 PARKWAY EAST BIRMINGHAM, AL 35215	NON-FEDERAL CONTRIBUTION	4/17/98	$3,000.00
G. SENATE DEMOCRATIC MAJORITY 2001 150 W. STATE STREET, 3RD FLOOR TRENTON, NJ 08608	NON-FEDERAL CONTRIBUTION	5/5/98	$500.00
H. FRIENDS OF GARY WHITE 561 DURHAM DRIVE HOMEWOOD, AL 35209	NON-FEDERAL CONTRIBUTION	5/7/98	$1,000.00
I. FRIENDS OF JOE LOEPER P O BOX 135 DREXEL HILL, PA 19026	NON-FEDERAL CONTRIBUTION	5/13/98	$250.00

SUBTOTAL of Disbursements This Page (optional) $21,250.00

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

FE6AN064

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 3

FOR LINE NUMBER 29

OTHER 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	Date (month, day, year)	Amount of Each Disbursement This Period
A. THE 21ST CENTURY LEADERSHIP PROJECT 260 COMMERCE, 4TH FLOOR MONTGOMERY, AL 36104	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	5/13/98	$2,500.00
B. CELEBRATION FOR SHERIFF WOODWARD P O BOX 311452 BIRMINGHAM, AL 35231	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	5/19/98	$1,433.80
C. FRIENDS OF JOHN ROWLAND P O BOX 2102 HARTFORD, CT 06145	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/1/98	$1,000.00
D. ELECTION FUND OF PAUL DIGAETANO P O BOX 9216 LYNDHURST, NJ 07071	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/1/98	$1,000.00
E. ELECTION FUND OF JACK SINAGRA 100 PLAINFIELD AVENUE, STE. 1 EDISON, NJ 08817	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/1/98	$500.00
F. ASSEMBLY REPUBLICAN MAJORITY 196 WEST STATE STREET TRENTON, NJ 08608	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/1/98	$500.00
G. KENTUCKY COUNCIL ON CHILD ABUSE GOVERNOR'S MANSION FRANKFORT, KY	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/1/98	$50.00
H. ALAN BOOTH CAMPAIGN P O BOX 561 TROY, AL 36081	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/16/98	$500.00
I. FRIENDS OF MIKE HUBBARD P O BOX 950 AUBURN, AL 36831	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	6/16/98	$500.00

SUBTOTAL of Disbursements This Page (optional) $7,983.80

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

FE6ANX04

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 3

FOR LINE NUMBER 29

OTHER DISBURSEMENTS

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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
FRENCH FOR SENATE P O BOX 101806 IRONDALE, AL 35210	NON-FEDERAL CONTRIBUTION	6/16/98	$500.00
B. 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**
JUDGE WAYNE THORN CAMPAIGN P O BOX 370731 BIRMINGHAM, AL 35237	NON-FEDERAL CONTRIBUTION	5/7/98	$734.06
		(IN-KIND	CONTRIBUTION)
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) $1,234.06

TOTAL This Period (last page this line number only) $30,467.86

FEAN004

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 2/14/98
☐	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

2/19/98
DATE PREPARED

(4/98)