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, Ste. 224W

CITY, STATE and ZIP CODE
Birmingham, AL 35243

FEB 4 4 28 PM '94

2. FEC IDENTIFICATION NUMBER
C-00257048

3. ☐ This committee qualified as a multicandidate committee DURING THIS Reporting Period on _____ (date).

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 7/1/93 through 12/31/93		
6. (a) Cash on Hand January 1, 19 93		$ 5,597.29
(b) Cash on Hand at Beginning of Reporting Period	$ 18,709.47	
(c) Total Receipts (from Line 19)	$ 10,980.73	$ 24,092.91
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 29,690.20	$ 29,690.20
7. Total Disbursements (from Line 30)	$ 2,104.38	$ 2,104.38
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 27,585.82	$ 27,585.82
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

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
Richard M. Scrushy

Signature of Treasurer

Date
1/31/94

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 1/91

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: 7/1/93 TO: 12/31/93

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)	8,710.00	13,455.00
ii. Unitemized	1,994.00	8,750.00
iii. Total (add i and ii) ➤	10,704.00	22,205.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	10,704.00	22,205.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	-0-	1,500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	276.73	387.91
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	10,980.73	24,092.91
20. Total Federal Receipts (subtract line 18 from line 19) ➤	10,980.73	24,092.91
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures	104.38	104.38
c. Total Operating Expenditures (add a i, a ii, and b) ➤	104.38	104.38
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	-0-	-0-
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	2,000.00	2,000.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,104.38	2,104.38
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,104.38	2,104.38
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	10,704.00	22,205.00
33. Total Contribution Refunds (from line 28d)	-0-	-0-
34. Net Contributions (other than loans)(subtract line 33 from 32)	10,704.00	22,205.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	104.38	104.38
36. Offsets to Operating Expenditures (from line 15)	-0-	-0-
37. Net Operating Expenditures (subtract line 36 from 35) ➤	104.38	104.38

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11(a)(i)

Contributors 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

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, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Exec. VP & CFO	Payroll Deduction	$195.00 ($15 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 390.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
James P. Bennett Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation President & COO	Payroll Deduction	$325.00 ($25 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 650.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard E. Botts Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Vice President	Payroll Deduction	$130.00 ($10 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 260.00		
D. 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, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation President & COO	Payroll Deduction	$260.00 ($20 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 520.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Thomas W. Carman Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Executive VP	Payroll Deduction	$195.00 ($15 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 390.00		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Richard L. Chambers Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Vice President	Payroll Deduction	$130.00 ($10 Biweekly)
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
Jack F. Chamblee, Jr. Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Vice President	Payroll Deduction	$130.00 ($10 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date $ 260.00		

SUBTOTAL of Receipts This Page (optional) $1,365.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 2 OF 6

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. E. Sonny Crumpler Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation VP & Controller Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
B. C. Drew Demaray Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation VP & Attorney Aggregate Year-to-Date $ 910.00	Payroll Deduction	$455.00 ($35 Biweekly)
C. Henry T. Duke Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 390.00	Payroll Deduction	$195.00 ($15 Biweekly)
D. Jack H. Hawkins Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
E. Donald J. Hecklinski Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
F. Larry R. House Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation President Aggregate Year-to-Date $ 910.00	Payroll Deduction	$455.00 ($35 Biweekly)
G. Alfred J. Howard Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 210.00	Payroll Deduction	$80.00 ($10 Biweekly) Thru 10/16/93

SUBTOTAL of Receipts This Page (optional) $ 1,575.00

TOTAL This Period (last page only, line number only)

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

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. Michael D. Martin Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation VP & Treasurer Aggregate Year-to-Date $ 390.00	Payroll Deduction	$195.00 ($15 Biweekly)
B. G. Stuart Murphy Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
C. W. Donald Myers Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
D. Sheila A. Owens Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
E. William T. Owens Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation VP & Controller Aggregate Year-to-Date $ 780.00	Payroll Deduction	$390.00 ($30 Biweekly)
F. John F. Pierce Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Supervisor Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
G. Daniel J. Riviere Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Corporation Vice President Aggregate Year-to-Date $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)

SUBTOTAL of Receipts This Page (optional) ..... $ 1,430.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 4 OF 6

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. Thomas Rogan Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Marketing Director	Payroll Deduction	$455.00 ($35 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 910.00		
B. Teresa Rubio Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Internal Auditor	Payroll Deduction	$130.00 ($10 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 260.00		
C. Gerald P. Scrushy Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Vice President	Payroll Deduction	$390.00 ($30 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 780.00		
D. Richard M. Scrushy Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation President & CEO	Payroll Deduction	$325.00 ($25 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 650.00		
E. Eugene E. Smith Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Vice President	Payroll Deduction	$260.00 ($20 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 520.00		
F. Charles D. Stevenson Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Supervisor	Payroll Deduction	$130.00 ($10 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 260.00		
G. Anthony J. Tanner Two Perimeter Park South, 224W Birmingham, AL 35243	HEALTHSOUTH Rehabilitation Corporation Executive VP	Payroll Deduction	$650.00 ($50 Biweekly)
Receipt For: Primary / General / Other (specify):	Aggregate Year-to-Date $ 1300.00		

SUBTOTAL of Receipts This Page (optional) ..... $ 2,340.00

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

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

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. Robert K. Thomson Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 260.00	Payroll Deduction	$130.00 ($10 Biweekly)
B. James T. Waggoner Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Vice President Aggregate Year-to-Date > $ 520.00	Payroll Deduction	$260.00 ($20 Biweekly)
C. Michael Waldheim Two Perimeter Park South, 224W Birmingham, AL 35243 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Assistant VP Aggregate Year-to-Date > $ 390.00	Payroll Deduction	$195.00 ($15 Biweekly)
D. Jeffrey D. Vosel 3201 Capers Ave. Nashville, TN 37212 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Director of Operations Aggregate Year-to-Date > $ 390.00	Payroll Deduction	$195.00 ($15 Biweekly)
E. Arthur N. Tedesco 5000 University Drive Miami, FL 33146 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Administrator Aggregate Year-to-Date > $ 540.00	Payroll Deduction	$260.00 ($20 Biweekly)
F. Beverly Scardina 20801 Old Cutler Road Miami, FL 33189 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: L.P.N. Aggregate Year-to-Date > $ 270.00	Payroll Deduction	$140.00 ($10 Biweekly)
G. Vincent W. Donlon 7700 E. Parham Road Richmond, VA 23294 Receipt For: Primary / General / Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Corporation Occupation: Administrator Aggregate Year-to-Date > $ 260.00	Payroll Deduction	$140.00 ($10 Biweekly)

SUBTOTAL of Receipts This Page (optional) > $ 1,320.00

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

SCHEDULE A ITEMIZED RECEIPTS

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

PAGE 6 OF 6

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

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Charles A. Stark 1212 W. Lancaster Avenue Ft. Worth, TX 76102	HEALTHSOUTH Rehabilitation Corporation Administator	Payroll Deduction	$140.00 ($10 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 270.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Gordon R. Aird 7000 Jefferson Northeast Albuquerque, NM 87109	HEALTHSOUTH Rehabilitation Corporation Administrator	Payroll Deduction	$160.00 ($20 Biweekly thru 10/2/91)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 420.00		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Kerri K. Lambert 1555 E. Merritt Island Causeway Merritt Island, FL 32952	HEALTHSOUTH Rehabilitation Corporation Occupational Therapist	Payroll Deduction	$100.00 ($10 Biweekly thru 11/27/91)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 230.00		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Carol A. Ciluffo 1000 S. Colorado Blvd. Glendale, CO 80222	HEALTHSOUTH Rehabilitation Corporation Business Office Coordinator	Payroll Deduction	$140.00 ($10 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 270.00		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Judith Montague 1000 S. Colorado Blvd. Glendale, CO 80222	HEALTHSOUTH Rehabilitation Corporation Coronary Rehab Therapist	Payroll Deduction	$140.00 ($10 Biweekly)
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 270.00		
F. 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 > $		
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) > $ 680.00

TOTAL This Period (last page this line number only) > $8,710.00

SCHEDULE B — ITEMIZED DISBURSEMENTS

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

PAGE I OF 1

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

	Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A	Windom Victory Fund 11526 Murray Road Theodore, AL 36582	Nonfederal Contribution Disbursement for: Primary General Other (specify)	10-25-93	$ 1,000.00
B	Friends of Taylor Harper P.O. Box 229 Grand Bay, AL 36541	Nonfederal Contribution Disbursement for: Primary General Other (specify)	10-25-93	$ 500.00
C	Friends of Jimmy Clark 202 E. Broad Street Eufaula, AL 36072	Nonfederal Contribution Disbursement for: Primary General Other (specify)	10-25-93	$ 500.00
D		Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E		Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F		Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G		Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H		Purpose of Disbursement Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
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) $2,000.00

TOTAL This Period (last page this line number only) $2,000.00

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
☐	Registered/Certified Mail	POSTMARKED
☐	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

PREPARER

2/6/94
DATE PREPARED

FEC FORM 70-2 (12/92)