REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

JAN 30 11 22 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. ☒ 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, 1995 through December 31, 1995		
6. (a) Cash on Hand January 1, 19 95		$ 23,208.06
(b) Cash on Hand at Beginning of Reporting Period	$ 31,232.37	
(c) Total Receipts (from Line 19)	$ 35,622.76	$ 55,572.07
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 66,855.13	$ 78,780.13
7. Total Disbursements (from Line 30)	$ 11,900.00	$ 23,825.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 54,955.13	$ 54,955.13
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

Date 1/29/96

NOTE: Submission of false, fraudulent, 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 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 7/1/95 TO: 12/31/95

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)	21,920.00	25,700.00	11(a)(i)
ii. Unitemized	13,546.41	29,527.05	11(a)(ii)
iii. Total (add i and ii) ➤	35,466.41	55,227.05	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) ➤	35,466.41	55,227.05	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.)	156.35	345.02	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	35,622.76	55,572.07	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	35,622.76	55,572.07	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	3,500.00	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	8,400.00	20,325.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	11,900.00	23,825.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	11,900.00	23,825.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	35,466.41	55,227.05	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	35,466.41	55,227.05	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

FE3AN068

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 1 OF 6

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. Aaron Beam, Jr. Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec. VP & CFO Aggregate Year-to-Date $ 375.00	Payroll Deduction	$195.00 ($15 Bi-weekly)
B. Aaron Beam, Jr. Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec. VP & CFO Aggregate Year-to-Date $ 2,375.00	12/22/95	$2,000.00
C. James P. Bennett Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: President Aggregate Year-to-Date $ 2,000.00	Payroll Deduction	$800.00 ($100 Bi-weekly thru 10/13/95)
D. James P. Bennett Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: President Aggregate Year-to-Date $ 5,000.00	12/22/95	$3,000.00
E. Richard E. Botts Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Group Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
F. P. Daryl Brown Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: President & COO Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
G. Hannibal Crumpler Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Group Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)

SUBTOTAL of Receipts This Page (optional) $6,385.00

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

96030193901

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 2 OF 6

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):	HEALTHSOUTH Corporation Exec. Vice President Aggregate Year-to-Date $ 375.00	Payroll Deduction	$195.00 ($15 Bi-weekly)
B. Thomas W. Carman Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Exec. Vice President Aggregate Year-to-Date $ 2,375.00	12/22/95	$2,000
C. Drew Demaray Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Vice President & Attorney Aggregate Year-to-Date $ 875.00	Payroll Deduction	$455.00 ($35 Bi-weekly)
D. Henry T. Duke Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Vice President Aggregate Year-to-Date $ 375.00	Payroll Deduction	$195.00 ($15 Bi-weekly)
E. Jack H. Hawkins Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Group Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
F. Barry C. Knight Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Assistant Vice President Aggregate Year-to-Date $ 240.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
G. Michael D. Martin Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Sr. Vice Pres. & Treasurer Aggregate Year-to-Date $ 375.00	Payroll Deduction	$195.00 ($15 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)	$3,300.00
TOTAL This Period (last page this line number only)	

9 5 0 3 0 1 9 3 9 0 2

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 3 OF 6

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. Sheila O. McKenna Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
B. Stuart Murphy Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Vice President Aggregate Year-to-Date $ 240.00	Payroll Deduction	$120.00 ($10 Bi-weekly)
C. W. Donald Myers Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Regional Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
D. 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 $ 750.00	Payroll Deduction	$390.00 ($30 Bi-weekly)
E. Thomas Rogan Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Regional Vice President Aggregate Year-to-Date $ 875.00	Payroll Deduction	$455.00 ($35 Bi-weekly)
F. Teresa Rubio Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Vice President Aggregate Year-to-Date $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
G. Eugene Smith Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Senior Vice President Aggregate Year-to-Date $ 500.00	Payroll Deduction	$260.00 ($20 Bi-weekly)

SUBTOTAL of Receipts This Page (optional) $1,615.00

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

9 5 0 3 0 1 9 3 9 5 3

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
Richard M. Scrushy Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Chairman & CEO Aggregate Year-to-Date > $ 625.00	Payroll Deduction	$325.00 ($25 Bi-weekly)
Richard M. Scrushy Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Chairman & CEO Aggregate Year-to-Date > $ 4,625.00	12/22/95	$4,000.00
Charles D. Stevenson Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Assistant Vice President Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
Anthony J. Tanner Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec. Vice Pres. & Secretary Aggregate Year-to-Date > $ 1,250.00	Payroll Deduction	$650.00 ($50 Bi-weekly)
Anthony J. Tanner Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Exec. Vice Pres. & Secretary Aggregate Year-to-Date > $ 5,000.00	12/22/95	$3,750.00
Rob Thomson Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Senior Vice President Aggregate Year-to-Date > $ 250.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
James T. Waggoner, Jr. Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Vice President Aggregate Year-to-Date > $ 500.00	Payroll Deduction	$260.00 ($20 Bi-weekly)

SUBTOTAL of Receipts This Page (optional) $9,245.00

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

9 6 0 3 0 1 9 3 9 3 4

SCHEDULE A **ITEMIZED RECEIPTS**

CONTRIBUTIONS FROM INDIVIDUALS

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

PAGE 5 OF 6

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. Michael Waldheim Two Perimeter Park South Birmingham, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Corporation Occupation: Group Vice President Aggregate Year-to-Date: $ 375.00	Payroll Deduction	$195.00 ($15 Bi-weekly)
B. Carol Ciluffo 1000 South Colorado Boulevard Glendale, CO 80222 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Rehabilitation Center of Denver, LTD. Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
C. Glen R. Davis 175 Lancaster Boulevard Mechanicsburg, PA 17055 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH of Mechanicsburg, Inc. Occupation: Administrator Aggregate Year-to-Date: $ 270.00	Payroll Deduction	$140.00 ($10 Bi-weekly)
D. Douglas Jolly 5000 University Drive Coral Gables, FL 33146 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Doctor's Hospital, Inc. Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
E. Terry R. Maxhimer 113 Cassell Drive Kingsport, TN 37660 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH of East Tennessee, Inc. Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
F. Jan G. Monroe 1201 11th Avenue South Birmingham, AL 35205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH Medical Center, Inc. Occupation: Assistant Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
G. Jessica Nantz 19002 McKay Drive Humble, TX 77338 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH of Texas, Inc. Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)

SUBTOTAL of Receipts This Page (optional)	$985.00
TOTAL This Period (last page this line number only)	

9 5 0 3 0 1 9 3 9 0 5

SCHEDULE A **ITEMIZED RECEIPTS**

Contributions from Individuals

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

PAGE 6 OF 6

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

Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Full Name, Mailing Address and ZIP Code Guy L. Shelton 2255 South 132nd Street, Suite B Omaha, NE 68144 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH Rehabilitation Center of Omaha, Limited Partnership Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
B. Full Name, Mailing Address and ZIP Code Charles A. Stark 7700 East Parham Road Richmond, VA 23294 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH of Virginia, Inc. Occupation: Administrator Aggregate Year-to-Date: $ 260.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
C. Full Name, Mailing Address and ZIP Code Michael G. Treadway 1282 Union Avenue Memphis, TN 38104 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Name of Employer: HEALTHSOUTH/Methodist Rehabilitation Hospital Limited Partnership Occupation: CONTROLLER Aggregate Year-to-Date: $ 245.00	Payroll Deduction	$130.00 ($10 Bi-weekly)
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)	$390.00
TOTAL This Period (last page this line number only)	$21,920.00

9 6 0 3 0 1 9 3 9 0 6

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-

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	Date (month, day, year)	Amount of Each Receipt this Period
First Federal Bank of Alabama 701 Montgomery Highway Birmingham, AL 35216	N/A - Interest Income	Monthly	$156.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: N/A		
	Aggregate Year-to-Date $ 345.02		
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)	$156.35
TOTAL This Period (last page this line number only)	$156.35

9 6 0 3 0 1 9 3 9 0 7

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

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	Date (month, day, year)	Amount of Each Disbursement This Period
Faircloth for Senate 1992 General Debt Retirement P. O. Box 26585 Raleith, NC 27611	Lauch Faircloth, Senate Debt Retirement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	10/23/95	$1,500.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Bachus for Congress P. O. Box 59444 Birmingham, AL 35259	Spencer Bachus, House Candidate Disbursement for: [xx] Primary [ ] General [ ] Other (specify)	11/20/95	$1,000.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Bud Cramer P. O. Box 2621 Huntsville, AL 35844	Bud Cramer, House Candidate Disbursement for: [X] Primary [ ] General [ ] Other (specify)	7/01/95	$1,000.00
D. 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)		
E. 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)		
F. 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)		
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) $3,500.00

TOTAL This Period (last page this line number only) $3,500.00

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursements

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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	Date (month, day, year)	Amount of Each Disbursement This Period
Steve Windom Campaign P. O. Drawer 2025 Mobile, AL 36652	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/15/95	$1,000.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Perry O. Hooper, Jr. 3700 Everest Drive Montgomery, AL 36106	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/95	$250.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Friends of Jimmy Naifeh P. O. Box 3490 Nashville, TN 37219-0490	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/95	$500.00
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Re-Elect Connell Committee 28 Horseshoe Lane Hatboro, PA 19040	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/95	$500.00
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Jack Williams Campaign Committee 2453 Kenvil Circle Birmingham, AL 35243	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/95	$100.00
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Senate Republican Caucus Alabama Republican Party P. O. Box 320800 Birmingham, AL 35232	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/21/95	$500.00
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Dwayne Freeman for Senate Committee P. O. Box 3069 Huntsville, AL 35810	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/25/95	$500.00
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Greg Wren Campaign 4211 Carmichael Road Montgomery, AL 36106	Nonfederal Contribution Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/25/95	$250.00
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
Steve Flowers Campaign P. O. Box 973 Troy, AL 36081	Nonfederal Campaign Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	9/28/95	$350.00

SUBTOTAL of Disbursements This Page (optional) $3,950.00

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

9 6 0 3 0 1 0 3 9 9

SCHEDULE B **ITEMIZED DISBURSEMENTS**

Other Disbursements

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

FOR LINE NUMBER 29

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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. Arrington Campaign Committee 1109 22nd Street South Birmingham, AL 35205	Nonfederal Contribution	9/29/95	$3,000.00
B. Friends of Dan Byrd P. O. Box 34876 Bartlett, TN 38184-0876	Nonfederal Contribution	10/11/95	$200.00
C. Larry Saunders for State Senate 736 Palatka Road Louisville, KY 40214	Nonfederal Contribution	11/3/95	$500.00
D. Harold See Campaign P. O. Box 2143 Tuscaloosa, AL 35403	Nonfederal Contribution	11/29/95	$250.00
E. Committe to Elect Larry Clark 5913 Whispering Hills Boulevard Louisville, KY 40219	Nonfederal Contribution	12/21/95	$500.00
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $4,450.00

TOTAL This Period (last page this line number only) $8,400.00

96030193910

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 1-30-96
☐	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

JMH
PREPARER

1-30-96
DATE PREPARED

FEC FORM 70-2 (12/92)

9603019391