REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
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JUL 28 11 51 AM '97

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HEALTHSOUTH REHABILITATION CORPORATION
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) [XX] Check if different than previously reported
ONE HEALTHSOUTH PARKWAY

CITY, STATE and ZIP CODE
BIRMINGHAM, ALABAMA 35243

2. FEC IDENTIFICATION NUMBER
C-00257048

3. [XX] 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
[XX] 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 [X] NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period JANUARY 1,1997 through JUNE 30,1997		
6. (a) Cash on Hand January 1, 19 97		$ 47,306.94
(b) Cash on Hand at Beginning of Reporting Period	$ 47,306.94	
(c) Total Receipts (from Line 19)	$ 27,558.70	$ 27,558.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 74,865.64	$ 74,865.64
7. Total Disbursements (from Line 30)	$ 31,000.00	$ 31,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 43,865.64	$ 43,865.64
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 7/21/97

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)

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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 1/1/97 TO: 6/30/97

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)	7,800.00	7,800.00	11(a)(i)
ii. Unitemized	19,758.70	19,758.70	11(a)(ii)
iii. Total (add i and ii) ➤	27,558.70	27,558.70	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) ➤	27,558.70	27,558.70	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) ➤	27,558.70	27,558.70	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	27,558.70	27,558.70	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	6,000.00	6,000.00	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	25,000.00	25,000.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	31,000.00	31,000.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	31,000.00	31,000.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	27,558.70	27,558.70	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	27,558.70	27,558.70	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

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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 / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. 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) $260.00
B. ANTHONY J. TANNER ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION EXEC. VP & SECRETARY Aggregate Year-to-Date > $3,250.00	PAYROLL DEDUCTION	($250 BI-WEEKLY) $3,250.00
C. THOMAS ROGAN ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION VICE PRESIDENT Aggregate Year-to-Date > $455.00	PAYROLL DEDUCTION	($35 BI-WEEKLY) $455.00
D. JAMES P. BENNETT ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION PRESIDENT & CEO Aggregate Year-to-Date > $2,600.00	PAYROLL DEDUCTION	($200 BI-WEEKLY) $2,600.00
E. WILLIAM T. OWENS ONE HEATLHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION SENIOR VP & CONTROLLER Aggregate Year-to-Date > $390.00	PAYROLL DEDUCTION	($30 BI-WEEKLY) $390.00
F. RICHARD M. SCRUSHY ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	HEALTHSOUTH CORPORATION CHAIRMAN OF THE BOARD Aggregate Year-to-Date > $325.00	PAYROLL DEDUCTION	($25 BI-WEEKLY) $325.00
G. JAMES T. WAGGONER, JR. 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) $260.00

SUBTOTAL of Receipts This Page (optional)	$7,540.00
TOTAL This Period (last page this line number only)	

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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)

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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	Date (month, day, year)	Amount of Each Receipt this Period
EUGENE SMITH ONE HEALTHSOUTH PARKWAY BIRMINGHAM, AL 35243	HEALTHSOUTH CORPORATION Occupation	PAYROLL DEDUCTION	($20 BI-WEEKLY) $260.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
B. 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 > $		
C. 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 > $		
D. 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 > $		
E. 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 > $		
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)	$260.00
TOTAL This Period (last page this line number only)	$7,800.00

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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	Date (month, day, year)	Amount of Each Disbursement This Period
BOB RILEY FOR CONGRESS P. O. BOX 700 ASHLAND, AL 36251	BOB RILEY,U.S. HOUSE, ALABAMA,DIST. 3, $1,000 Disbursement for: [ ] Primary [ ] General [X] Other (specify) DEBT RETIREMENT	1/7/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BOB RILEY FOR CONGRESS P. O. BOX 700 ASHLAND, AL 36251	BOB RILEY, U.S. HOUSE, ALABAMA,DIST. 3, $2,000 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/14/97	$1,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ROBERT ADERHOLT FOR CONGRESS P. O. BOX 1158 HALEYVILLE, AL 35565	ROBERT ADERHOLT,U.S.HOUSE ALABAMA,DIST. 4, $500 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	4/17/97	$500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF SENATOR JOE LOEPER P. O. BOX 135 DREXEL HILLS, PA 19026	JOE LOPER, U.S. SENATE PENNSYLVANIA, $2,500 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	5/21/97	$2,500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
SHELBY FOR U.S. SENATE P. O. BOX 1091 TUSCALOOSA, AL 35043	RICHARD SHELBY, U.S. SENATE, ALABAMA, $1,000 Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	5/28/97	$1,000.00
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)	$6,000.00
TOTAL This Period (last page this line number only)	$6,000.00

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

OTHER DISBURSEMENTS

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

HEALTHSOUTH REHABILITATION CORPORATION POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALABAMA REPUBLICAN PARTY P. O. BOX 320800 BIRMINGHAM, AL 35232	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	1/7/97	$1,000.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
CHRISTIAN COALITION OF ALABAMA 9 OFFICE PARK CIRCLE, SUITE 110 BIRMINGHAM, AL 35223	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	1/7/97	$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ALABAMA REPUBLICAN PARTY P. O. BOX 320800 BIRMINGHAM, AL 35232	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	1/8/97	$2,500.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
COLLEGE REPUBLICAN FEDERATION OF AL C/O ALABAMA REPUBLICAN PARTY P. O. BOX 320800 BIRMINGHAM, AL 35232	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	1/20/97	$500.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
STEVE FEREN ELECTION CAMPAIGN 7770 W. OAKLAND PARK ROAD, SUITE 100 SUNRISE, FL 33351	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	3/4/97	$500.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
JEFFERSON COUNTY REPUBLICAN EXECUTIVE COMMITTEE 2804 CRESCENT AVENUE HOMEWOOD, AL 35209	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	3/20/97	$1,000.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF PATAKI 355 LEXINGTON AVENUE, SUITE 1001 NEW YORK, NY 10017	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	3/20/97	$2,500.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
BYRON DAVIS CAMPAIGN 1212 LITTLE BROOK LANE BIRMINGHAM, AL 35235	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	3/20/97	$500.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
FRIENDS OF GOVERNOR TOM RIDGE P. O. BOX 11667 HARRISBURG, PA 17108	NON-FEDERAL CONTRIBUTION Disbursement for: Primary General Other (specify)	4/28/97	$5,000.00

SUBTOTAL of Disbursements This Page (optional) $18,500.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 2

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 / Disbursement for: Primary General Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
A. FRIENDS OF JOHN BARLEY COMMITTEE 37 CHESTNUT GROVE ROAD CONESTOGA, PA 17516	NON-FEDERAL CONTRIBUTION	4/28/97	$1,000.00
B. FRIENDS OF JOHN PREZEL C/O CANTOR 3569 BRISTOL PIKE BENSALEM, PA 19020	NON-FEDERAL CONTRIBUTION	4/28/97	$1,000.00
C. TILGHMAN FOR STATE SENATOR BOX 792 FEDERAL SQUARE STATION HARRISBURG, PA 17108-1731	NON-FEDERAL CONTRIBUTION	4/28/97	$500.00
D. FRIENDS OF ARNIE ADAMSEN 400 EAST STEWART AVENUE LAS VEGAS, NV 89101	NON-FEDERAL CONTRIBUTION	4/28/97	$1,000.00
E. FRIENDS OF MATT CALLISTER 1412 S. JONES BLVD. LAS VEGAS, NV 89101	NON-FEDERAL CONTRIBUTION	4/28/97	$1,500.00
F. THE ELECTION FUND OF GERALD H.ZECKER 55 MCCOSH ROAD CLIFTON, NJ 07043	NON-FEDERAL CONTRIBUTION	5/21/97	$1,000.00
G. BILL NELSON CAMPAIGN P. O. BOX 10962 TALLAHASSEE, FL 32302	NON-FEDERAL CONTRIBUTION	6/4/97	$500.00
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $6,500.00

TOTAL This Period (last page this line number only) $25,000.00

FE7Ah047

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 7-25-97
☐	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

MAF — PREPARER

7-29-97 — DATE PREPARED

FEC FORM 70-2 (12/92)