# 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, 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 11/8/94 in the State of Alabama.

(b) Is this Report an Amendment? ☐ YES ☒ NO

| SUMMARY | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|---|---|---|
| 5. Covering Period October 19, 1994 through November 28, 1994 | | |
| 6. (a) Cash on Hand January 1, 19 94 | | $ 27,585.82 |
| (b) Cash on Hand at Beginning of Reporting Period | $ 25,244.31 | |
| (c) Total Receipts (from Line 19) | $ 5,232.33 | $ 33,640.82 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | $ 30,476.64 | $ 61,226.64 |
| 7. Total Disbursements (from Line 30) | $ 7,170.00 | $ 37,920.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | $ 23,306.64 | $ 23,306.64 |
| 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
December 8, 1994

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 10/20/94 TO: 11/28/94

| | 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) | 1,690.00 | 9,390.00 | 11(a)(i) |
| ii. Unitemized | 3,504.00 | 23,771.50 | 11(a)(ii) |
| iii. Total (add i and ii) ➤ | 5,194.00 | 33,161.50 | 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) ➤ | 5,194.00 | 33,161.50 | 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.) | 38.33 | 479.32 | 17 |
| 18. Transfers from Nonfederal Account for Joint Activity | | | 18 |
| 19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤ | 5,232.33 | 33,640.82 | 19 |
| 20. Total Federal Receipts (subtract line 18 from line 19) ➤ | 5,232.33 | 33,640.82 | 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 | 2,000.00 | 9,000.00 | 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 | 5,170.00 | 28,920.00 | 29 |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤ | 7,170.00 | 37,920.00 | 30 |
| 31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤ | 7,170.00 | 37,920.00 | 31 |
| **III. Net Contributions/Operating Expenditures** | | | |
| 32. Total Contributions (other than loans)(from line 11d) | 5,194.00 | 33,161.50 | 32 |
| 33. Total Contribution Refunds (from line 28d) | 0.00 | 0.00 | 33 |
| 34. Net Contributions (other than loans)(subtract line 33 from 32) | 5,194.00 | 33,161.50 | 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

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

PAGE 1 OF 5

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. Aaron Beam, Jr.<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Exec. VP & CFO<br>Aggregate Year-to-Date > $ 360.00 | Payroll Deduction | $ 45.00<br>($ 15 Biweekly) |
| B. James P. Bennett<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: President & COO<br>Aggregate Year-to-Date > $ 1,725.00 | Payroll Deduction | $ 300.00<br>($100 Biweekly) |
| C. Richard E. Botts<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| D. P. Daryl Brown<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: President & COO<br>Aggregate Year-to-Date > $ 300.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| E. Thomas W. Carman<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Exec. Vice President<br>Aggregate Year-to-Date > $ 360.00 | Payroll Deduction | $ 45.00<br>($ 15 Biweekly) |
| F. Jack F. Chamblee, Jr.<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date > $ $240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| G. Hannibal Crumpler<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice Pres. & Controller<br>Aggregate Year-to-Date > $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |

SUBTOTAL of Receipts This Page (optional) ..... $ 510.00

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

FEC Form 3X

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| Use separate schedule(s) for each category of the Detailed Summary Page | PAGE 2 OF 5 |
|---|---|
| | FOR LINE NUMBER 11(a)(i) |

**SCHEDULE A** **ITEMIZED RECEIPTS**

Contributions From Individuals

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NAME OF COMMITTEE (In Full)
HEALTHSOUTH Rehabilitation Corporation Political Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Drew Demarey<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice Pres. & Attorney<br>Aggregate Year-to-Date: $ 840.00 | Payroll Deduction | $ 105.00<br>($35 Biweekly) |
| B. Henry T. Duke<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date: $ 360.00 | Payroll Deduction | $ 45.00<br>($ 15 Biweekly) |
| C. Patrick Foster<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date: $ 320.00 | Payroll Deduction | $ 60.00<br>($ 20 Biweekly) |
| D. Jack H. Hawkins<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date: $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| E. Larry R. House<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH International, Inc.<br>Occupation: President<br>Aggregate Year-to-Date: $ 630.00 | N/A | $ 0 |
| F. Michael D. Martin<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Sr. VP & Treasurer<br>Aggregate Year-to-Date: $ 360.00 | Payroll Deduction | $ 45.00<br>($ 15 Biweekly) |
| G. Stuart Murphy<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer: HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Vice President<br>Aggregate Year-to-Date: $ 240.00 | Payroll Deduction | $30.00<br>($ 10 Biweekly) |

SUBTOTAL of Receipts This Page (optional) $ 315.00

TOTAL This Period (last page this line number only)

9 4 0 5 9 7 4 7 2 3 0 2

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 3 OF 5

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals

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NAME OF COMMITTEE (in Full)
HEALTHSOUTH Rehabilitation Corporation Political Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Donald W. Myers<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| B. Sheila Owens McKenna<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| C. William T. Owens<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Sr. VP & Controller<br>Aggregate Year-to-Date $ 720.00 | Payroll Deduction | $ 90.00<br>($ 30 Biweekly) |
| D. Daniel Riviere<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 220.00 | Payroll Deduction | $ 10.00<br>($ 10 Biweekly) |
| E. Thomas Rogan<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 840.00 | Payroll Deduction | $ 105.00<br>($ 35 Biweekly) |
| F. Teresa Rubio<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Asst. Vice President<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $ 30.00<br>($ 10 Biweekly) |
| G. Richard M. Scrushy<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>President & CEO<br>Aggregate Year-to-Date $ 600.00 | Payroll Deduction | $ 75.00<br>($ 25 Biweekly) |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | $ 370.00 |
| TOTAL This Period (last page this line number only) | |

FE4AN101

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 4 OF 5

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals

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NAME OF COMMITTEE (In Full)
HEALTHSOUTH Rehabilitation Corporation Political Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Eugene Smith<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Sr. Vice President<br>Aggregate Year-to-Date $ 480.00 | Payroll Deduction | $ 60.00<br>($ 20 Biweekly) |
| B. Charles D. Stevenson<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Asst. Vice President<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $ 30.00<br>($10 Biweekly) |
| C. Anthony J. Tanner<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Exec. VP & Secretary<br>Aggregate Year-to-Date $ 1,200.00 | Payroll Deduction | $ 150.00<br>($50 Biweekly) |
| D. Rob Thomson<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $ 30.00<br>($10 Biweekly) |
| E. James T. Waggoner<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 480.00 | Payroll Deduction | $60.00<br>($20 Biweekly) |
| F. Michael Waldheim<br>Two Perimeter Park South, 224W<br>Birmingham, Alabama 35243<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Vice President<br>Aggregate Year-to-Date $ 360.00 | Payroll Deduction | $ 45.00<br>($15 Biweekly) |
| G. Jeffrey D. Vosel<br>2201 Capers Avenue<br>Nashville, Tennessee 37212<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Director of Operations<br>Aggregate Year-to-Date $ 360.00 | Payroll Deduction | $ 45.00<br>($ 15 Biweekly) |

SUBTOTAL of Receipts This Page (optional) ..... $ 420.00

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

FE4AN12

**SCHEDULE A** **ITEMIZED RECEIPTS**

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

PAGE 5 OF 5

FOR LINE NUMBER 11(a)(i)

Contributions From Individuals

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**NAME OF COMMITTEE (In Full)**

HEALTHSOUTH Rehabilitation Corporation Political Action Committee

| Full Name, Mailing Address and ZIP Code | Name of Employer / Occupation | Date (month, day, year) | Amount of Each Receipt this Period |
|---|---|---|---|
| A. Beverly Scardina<br>20601 Old Cutler Road<br>Miami, Florida 33189<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Occupation: L. P.N.<br>Aggregate Year-to-Date $ 230.00 | Payroll Deduction | $30.00<br>($ 10 Biweekly) |
| B. William Fox<br>143 East Second Street<br>Erie, Pennsylvania 16507<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | HEALTHSOUTH Rehabilitation Corporation<br>Occupation: Administrator<br>Aggregate Year-to-Date $ 240.00 | Payroll Deduction | $45.00<br>($15 Biweekly) |
| C. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| D. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| E. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| F. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |
| G. Full Name, Mailing Address and ZIP Code<br>Receipt For: ☐ Primary ☐ General ☐ Other (specify): | Name of Employer<br>Occupation<br>Aggregate Year-to-Date $ | Date (month, day, year) | Amount of Each Receipt this Period |

| | |
|---|---|
| SUBTOTAL of Receipts This Page (optional) | $ 75.00 |
| TOTAL This Period (last page this line number only) | $ 1,690.00 |

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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 |
|---|---|---|---|
| Frist For U.S. Senate<br>1922 West End Avenue<br>Nashville, Tennessee 37203 | Bill First, Senate Candidate<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 10/24/94 | $1,000.00 |
| **B. Full Name, Mailing Address and ZIP Code** | **Purpose of Disbursement** | **Date (month, day, year)** | **Amount of Each Disbursement This Period** |
| Ashcroft For Senate<br>P. O. Box 16677<br>Clayton, Missouri 63105 | Senate Candidate<br>Disbursement for: [ ] Primary [X] General [ ] Other (specify) | 11/7/94 | $1,000.00 |
| **C. 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) | | |
| **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) ..... $2,000.00

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

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**SCHEDULE B** **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

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. Smitherman For Senate c/o Roger Smitherman<br>Bank for Savings Building<br>1919 Morris Avenue, Suite 1550<br>Birmingham, Alabama 35203 | Nonfederal Contribution<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 10/27/94 | $500.00 |
| B. Sanderson Re-Election Campaign<br>One Perimeter Park South, Suite 440N<br>Birmingham, Alabama 35243 | Nonfederal Contribution<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 10/27/94 | $500.00 |
| C. Friends of Al Knight<br>2421 Brook Run<br>Birmingham, Alabama 35244 | Nonfederal Contribution<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 11/4/94 | $500.00 |
| D. New Hampshire Republication State Committee<br>134 North Main Street Concord, N.H. 03301 | Nonfederal Contribution<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 11/4/94 | $2,500.00 |
| E. WIN PAC c/o Barbara Fischer<br>P. O. Box 230039<br>Montgomery, Alabama 36123 | Nonfederal Contribution<br>Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | 11/17/94 | $1,170.00 |
| F. | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | | |
| G. | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | | |
| H. | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | | |
| I. | Disbursement for: ☐ Primary ☐ General ☐ Other (specify) | | |

| | |
|---|---|
| **SUBTOTAL** of Disbursements This Page (optional) | $5,170.00 |
| **TOTAL** This Period (last page this line number only) | $5,170.00 |

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**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 12/9/94 |
| ☐ | 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<br>and/or DATE OF RECEIPT |

D.A.G.
PREPARER

12/9/94
DATE PREPARED

FEC FORM 70-2 (12/92)