

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee  
(Summary Page)

APR 20 11 15 AM '98

USE FEC MAILING LABEL  
OR  
TYPE OR PRINT

|   |  |  |
|---|--|--|
| 1. NAME OF COMMITTEE (in full)<br>HEALTHSOUTH REHABILITATION CORPORATION<br>POLITICAL ACTION COMMITTEE                      |  | 2. FEC IDENTIFICATION NUMBER<br>C-00257048 |
| ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported<br>ONE HEALTHSOUTH PARKWAY |  |  |
| CITY, STATE and ZIP CODE<br>BIRMINGHAM, ALABAMA 35243   |  |  |
| 3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)        |  |  |

## 4. TYPE OF REPORT

- (a)  April 15 Quarterly Report
- July 15 Quarterly Report
- October 15 Quarterly Report
- January 31 Year End Report
- July 31 Mid Year Report (Non-election Year Only)
- Termination Report

Monthly Report Due On:

- February 20     June 20     October 20
- March 20     July 20     November 20
- April 20     August 20     December 20
- May 20     September 20     January 31

- 12-Day Pre-Election Report for the \_\_\_\_\_  
(Type of Election)  
election on \_\_\_\_\_ in the State of \_\_\_\_\_
- 30-Day Post-Election Report following the General Election  
on \_\_\_\_\_ in the State of \_\_\_\_\_

(b) Is this Report an Amendment?  YES  NO

| SUMMARY   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date   |
|---|-------------------------|---|
| 5. Covering Period JANUARY 1, 1998 through MARCH 31, 1998                                     |                         |   |
| 6. (a) Cash on Hand January 1, 1998   |                         | \$ 20,252.49  |
| (b) Cash on Hand at Beginning of Reporting Period   | \$ 20,252.49            |   |
| (c) Total Receipts (from Line 19)   | \$ 13,845.70            | \$ 13,845.70  |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)      | \$ 34,098.19            | \$ 34,098.19  |
| 7. Total Disbursements (from Line 30)   | \$ 9,950.00             | \$ 9,950.00   |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 5(d))                 | \$ 24,148.19            | \$ 24,148.19  |
| 9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)  | \$ 0.00                 | For further information contact:<br>Federal Election Commission<br>898 E Street, NW<br>Washington, DC 20463<br>Toll Free 800-424-9630<br>Local 202-219-3420 |
| 10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D) | \$ 0.00                 |   |

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer  
MICHAEL D. MUMFORD, ASSISTANT TREASURER

Signature of Treasurer

Date

APRIL 14, 1998

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)

# 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<br>FROM JAN. 1, 1998 TO MARCH 31, 1998 |                           |
|---|-----------|---|---------------------------|
|   |           | COLUMN A<br>Total This Period                                 | COLUMN B<br>Calendar Year |
| <b>I Receipts</b>   |           |   |                           |
| 11. Contributions (other than loans) From:  |           |   |                           |
| a. Individual/Persons Other Than Political Committees                                     |           |   |                           |
| I. Itemized (use Schedule A)  | 3,605.00  | 3,605.00  | 11000                     |
| II. Unitemized  | 10,240.70 | 10,240.70   | 11000                     |
| III. Total (add I and II) >   | 13,845.70 | 13,845.70   | 11000                     |
| b. Political Party Committees   |           |   | 1100                      |
| c. Other Political Committees (such as PACs)  |           |   | 1100                      |
| d. Total Contributions (add a II, b and c) >  | 13,845.70 | 13,845.70   | 1100                      |
| 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) >                            | 13,845.70 | 13,845.70   | 19                        |
| 20. Total Federal Receipts (subtract line 18 from line 19) >                              | 13,845.70 | 13,845.70   | 20                        |
| <b>II Disbursements</b>   |           |   |                           |
| 21. Operating Expenditures:   |           |   |                           |
| a. Shared Federal/Non-Federal Activity (from Schedule H4)                                 |           |   | 21a00                     |
| I. Federal Share  |           |   | 21a00                     |
| II. Non-Federal Share   |           |   | 21a00                     |
| b. Other Federal Operating Expenditures   |           |   | 21b00                     |
| c. Total Operating Expenditures (add a I, a II, and b) >                                  |           |   | 21c00                     |
| 22. Transfers to Affiliated/Other Party Committees  |           |   | 22                        |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees         | 5,000.00  | 5,000.00  | 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:  |           |   | 28a                       |
| a. Individuals/Persons Other Than Political Committees                                    |           |   | 28a                       |
| b. Political Party Committees   |           |   | 28b                       |
| c. Other Political Committees (such as PACs)  |           |   | 28c                       |
| d. Total Contribution Refunds (add a, b and c) >  |           |   | 28d                       |
| 29. Other Disbursements   | 4,950.00  | 4,950.00  | 29                        |
| 30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) >                  | 9,950.00  | 9,950.00  | 30                        |
| 31. Total Federal Disbursements (subtract line 21 a II from line 30) >                    | 9,950.00  | 9,950.00  | 31                        |
| <b>III Net Contributions/Operating Expenditures</b>                                       |           |   |                           |
| 32. Total Contributions (other than loans) (from line 11d)                                | 13,845.70 | 13,845.70   | 32                        |
| 33. Total Contribution Refunds (from line 28d)  | 0.00      | 0.00  | 33                        |
| 34. Net Contributions (other than loans) (subtract line 33 from 32)                       | 13,845.70 | 13,845.70   | 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                        |

**SCHEDULE A**

**ITEMIZED RECEIPTS**

**CONTRIBUTIONS FROM INDIVIDUALS**

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

PAGE 1 OF 1  
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

|   |   |  |  |
|---|---|--|--|
| <p><b>A. Full Name, Mailing Address and ZIP Code</b><br/>ANTHONY J. TANNER<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM, AL 35243</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p> | <p>Name of Employer<br/>HEALTHSOUTH CORPORATION</p> <p>Occupation<br/>EXEC VP &amp; SECRETARY</p> <p>Aggregate Year-to-Date &gt; \$ 1,750.00</p>  | <p>Date (month, day, year)<br/>PAYROLL DEDUCTION</p> | <p>Amount of Each Receipt this Period<br/>(\$250 BI-WEEKLY)<br/>\$1,750.00</p> |
| <p><b>B. Full Name, Mailing Address and ZIP Code</b><br/>THOMAS ROGAN<br/>ONE HEALTHSOUTH PARKWAY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>                               | <p>Name of Employer<br/>HEALTHSOUTH CORPORATION</p> <p>Occupation<br/>GROUP VICE PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 245.00</p>       | <p>Date (month, day, year)<br/>PAYROLL DEDUCTION</p> | <p>Amount of Each Receipt this Period<br/>(\$35 BI-WEEKLY)<br/>\$245.00</p>    |
| <p><b>C. Full Name, Mailing Address and ZIP Code</b><br/>JAMES P. BENNETT<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM, AL 35243</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/>HEALTHSOUTH CORPORATION</p> <p>Occupation<br/>PRESIDENT</p> <p>Aggregate Year-to-Date &gt; \$ 1,400.00</p>                | <p>Date (month, day, year)<br/>PAYROLL DEDUCTION</p> | <p>Amount of Each Receipt this Period<br/>(\$200 BI-WEEKLY)<br/>\$1,400.00</p> |
| <p><b>D. Full Name, Mailing Address and ZIP Code</b><br/>WILLIAM T. OWENS<br/>ONE HEALTHSOUTH PARKWAY<br/>BIRMINGHAM, AL 35243</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer<br/>HEALTHSOUTH CORPORATION</p> <p>Occupation<br/>SENIOR VP &amp; CONTROLLER</p> <p>Aggregate Year-to-Date &gt; \$ 210.00</p> | <p>Date (month, day, year)<br/>PAYROLL DEDUCTION</p> | <p>Amount of Each Receipt this Period<br/>(\$30 BI-WEEKLY)<br/>\$210.00</p>    |
| <p><b>E. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>   | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                                      |
| <p><b>F. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>   | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                                      |
| <p><b>G. Full Name, Mailing Address and ZIP Code</b></p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify):</p>  | <p>Name of Employer</p> <p>Occupation</p> <p>Aggregate Year-to-Date &gt; \$</p>   | <p>Date (month, day, year)</p>                       | <p>Amount of Each Receipt this Period</p>                                      |

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

\$3,605.00

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

\$3,605.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

**CONTRIBUTIONS TO FEDERAL CANDIDATES**

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 |
|---|---|-------------------------|---|
| BUNNING FOR SENATE<br>1717 DIXIE HIGHWAY, STE. 230<br>FT WRIGHT, KENTUCKY 41017                     | JIM BUNNING, U.S. SENATE, KENTUCKY<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)              | 1/28/98                 | \$1,000.00                              |
| PETE STARK RE-ELECTION COMMITTEE<br>39300 CIVIC CENTER DRIVE, STE. 230<br>FREMONT, CALIFORNIA 94538 | PETE STARK, U.S. HOUSE, CALIFORNIA, DISTRICT 13<br>Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | 3/5/98                  | \$2,000.00                              |
| BILL THOMAS REELECTION COMMITTEE<br>P O BOX 395<br>BAKERSFIELD, CALIFORNIA 93302                    | BILL THOMAS, U.S. HOUSE, CALIFORNIA, DISTRICT 21<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify)           | 3/5/98                  | \$2,000.00                              |
| D. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement   | Date (month, day, year) | Amount of Each Disbursement This Period |

|  |            |
|--|------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | \$5,000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | \$5,000.00 |

**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**

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<br>NON-FEDERAL CONTRIBUTION<br>Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) | Date (month, day, year) | Amount of Each Disbursement This Period |
|---|--|-------------------------|---|
| F & G PAC<br>P O BOX 138<br>MONTGOMERY, ALABAMA 36101   | NON-FEDERAL CONTRIBUTION   | 1/8/98                  | \$1,500.00                              |
| B. Full Name, Mailing Address and ZIP Code<br>RE-ELECTION CAMPAIGN FOR SHERIFF ARNOLD<br>P O BOX 337<br>CAMDEN, ALABAMA 36726 | NON-FEDERAL CONTRIBUTION   | 3/23/98                 | \$750.00                                |
| C. Full Name, Mailing Address and ZIP Code<br>CELEBRATION FOR SHERIFF WOODWARD<br>P O BOX 311452<br>BIRMINGHAM, ALABAMA 35231 | NON-FEDERAL CONTRIBUTION   | 3/26/98                 | \$2,700.00                              |
| D. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| E. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| F. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| G. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| H. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |
| I. Full Name, Mailing Address and ZIP Code  | Purpose of Disbursement  | Date (month, day, year) | Amount of Each Disbursement This Period |

|   |            |
|---|------------|
| SUBTOTAL of Disbursements This Page (optional) .....      | \$4,950.00 |
| TOTAL This Period (last page this line number only) ..... | \$4,950.00 |

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.

|   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                      |
| <input type="checkbox"/> First Class Mail   | POSTMARKED                           |
| <input checked="" type="checkbox"/> Registered/Certified Mail                       | POSTMARKED<br>04/15/98               |
| <input type="checkbox"/> No Postmark  |                                      |
| <input type="checkbox"/> Postmark Illegible   |                                      |
| <input type="checkbox"/> Received from the House office of Records and Registration | Date of Receipt                      |
| <input type="checkbox"/> Received from the Senate Office of Public Records          | Date of Receipt                      |
| <input type="checkbox"/> Other ( Specify):  | Postmarked<br>and/or Date of Receipt |
| <input type="checkbox"/> Electronic Filing  |                                      |
| <br><i>DAS</i><br>PREPARER  | <br>04/20/98<br>DATE PREPARED        |