

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Encompass Health Corporation Political Action Committee

ADDRESS (number and street) **9001 Liberty Parkway**
Check if different than previously reported. (ACC) **Birmingham** **AL** **35242**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C **C00414649** 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Fay, Edmund, M., ,
Type or Print Name of Treasurer

Signature of Treasurer *Fay, Edmund, M., ,* [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Encompass Health Corporation Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		8722.70
(b) Cash on Hand at Beginning of Reporting Period.....	3427.16	
(c) Total Receipts (from Line 19)	4422.84	34127.30
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	7850.00	42850.00
7. Total Disbursements (from Line 31).....	0.00	35000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	7850.00	7850.00
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	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Encompass Health Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2018 To: M M / D D / Y Y Y Y 07 / 31 / 2018

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3643.84	17087.96
(ii) Unitemized	779.00	16039.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4422.84	33127.30
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4422.84	33127.30
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	4422.84	34127.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4422.84	34127.30

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	35000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	35000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	35000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4422.84	33127.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4422.84	33127.30
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
Encompass Health Corporation Political Action Committee

A. Adams, Steven, Charles, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 37 Louanis Drive
 City Reading State MA Zip Code 01867
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Marketing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29196
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

B. Armstrong, Justin, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2402 Briarhill Court
 City White Oak State PA Zip Code 15131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Health Information Management Direct
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29198
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

C. Baird, Andrew, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1908 Potomac Avenue #101
 City Alexandria State VA Zip Code 22301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Government Relations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29199
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Bennett, Tony, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3108 Preserve Rookery Boulevard
 City Panama City Beach State FL Zip Code 32408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29201
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

B. Berry, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 175 Central Street
 City North Reading State MA Zip Code 01864
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Managed Care Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29202
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

C. Bitner, Gretchin, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20421 Anchor Circle
 City Huntington Beach State CA Zip Code 92646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Therapy Operations Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29203
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Braz, Marcus, John, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8291 Deerbrook Circle
 City Sarasota State FL Zip Code 34238
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29204
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25, 2 weeks)

B. Brewer, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5030 Iroquois Drive
 City Frisco State TX Zip Code 75034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29205
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

C. Brown, Jr., Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24507 Old Windmill Trail
 City Hockley State TX Zip Code 77447
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29206
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Brown, Terrence, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5217 Meadow Garden Lane
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Operations Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29207
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction (\$19, 2 weeks)

B. Buck, Phylis, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 6939
 City Texarkana State TX Zip Code 75505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29208
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

C. Bunner, Blake, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4674 N. Silverdale Road
 City Rockport State IN Zip Code 47635
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29209
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶ 108.00
TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Byrd, Charles, Richard, , III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3609 Ridgecrest Road

City Birmingham	State AL	Zip Code 35223
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) National Real Estate Director
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : SA11AI.29211

Amount of Each Receipt this Period
48.00

Memo Item
Payroll Deduction (\$24, 2 weeks)

B. Conn, Kevin, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6192 NW 88th Avenue

City Parkland	State FL	Zip Code 33067
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) Regional Operations Vice President
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : SA11AI.29214

Amount of Each Receipt this Period
40.00

Memo Item
Payroll Deduction (\$20, 2 weeks)

C. Darby, John, P., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3115 Overhill Road

City Birmingham	State AL	Zip Code 35223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) General Counsel
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2018

Transaction ID : SA11AI.29216

Amount of Each Receipt this Period
200.00

Memo Item
Payroll Deduction (\$100, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	288.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Dedecker, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5507 Falmouth
 City Fairway State KS Zip Code 66205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29218
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50, 2 weeks)

B. Devaney, Catherine, V., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Buckingham Drive
 City Bow State NH Zip Code 03304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29219
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

C. Drake, Pamela, O'Bryant, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6165 E. Riverdale St.
 City Mesa State AZ Zip Code 85215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Marketing Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29220
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶	170.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Fay, Edmund, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 527 Valley Road
 City Birmingham State AL Zip Code 35206
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Senior Vice President and Treasurer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1245.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29223
 Amount of Each Receipt this Period 166.00
 Memo Item
 Payroll Deduction (\$83, 2 weeks)

B. Gray, Jerry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7130 East Saddleback Street Apt. 56
 City Mesa State AZ Zip Code 85207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29227
 Amount of Each Receipt this Period 112.00
 Memo Item
 Payroll Deduction (\$56, 2 weeks)

C. Hardin, Nicholas, David, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 24014 Clover Trails
 City Katy State TX Zip Code 77494
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29232
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction (\$19, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	316.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. House, William, Bernard, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1739 Lake Cyrus Club Drive
 City Hoover State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Controller
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29236
 Amount of Each Receipt this Period 70.00
 Memo Item
 Payroll Deduction (\$35, 2 weeks)

B. Hunter, Justin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5221 42nd Street NW
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Public Policy, Legislation & Regulation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29237
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40, 2 weeks)

C. Jacobsmeyer, Barbara, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3908 Herman's Lake Court
 City Florissant State MO Zip Code 63034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1440.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29238
 Amount of Each Receipt this Period 192.00
 Memo Item
 Payroll Deduction (\$96, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	342.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Kindle, Mike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 828 Aberlady Place
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Information Technology Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29244
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction (\$38, 2 weeks)

B. Klementz, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 808 Parkview Circle
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Operations Senior Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 870.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29247
 Amount of Each Receipt this Period 116.00
 Memo Item
 Payroll Deduction (\$58, 2 weeks)

C. Laffey, Leah, Anne, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 Elm Spring Road
 City Pittsburgh State PA Zip Code 15243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29249
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	232.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Leasure, Stephen, D., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 675 Shades Crest Road
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Senior Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29251
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

B. Leech, Robert, Eugene, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4032 Milner Way
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) National Home Health Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29253
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction (\$30, 2 weeks)

C. Loggins, Phillip, E., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5022 McLaughlin Drive
 City Tallahassee State FL Zip Code 32309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Quality/Risk Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29254
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	130.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Mantegazza, Peter, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 38 Madeline Drive
 City Ridgefield State CT Zip Code 06877
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29255
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction (\$38, 2 weeks)

B. McCallum, Robert, Warren, , III
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3405 Watertown Place
 City Vestavia Hills State AL Zip Code 35243
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Chief Tax Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 570.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29256
 Amount of Each Receipt this Period 76.00
 Memo Item
 Payroll Deduction (\$38, 2 weeks)

C. McGrath, Denise, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 222 River Walk Drive
 City Melbourne Beach State FL Zip Code 32951
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hopsital Administrator
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29257
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	182.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Morales, Wanda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 309 Chapelwood Drive
 City Dothan State AL Zip Code 36303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Quality/Risk Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29260
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

B. Mowen, Ed, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8613 Highlands Drive
 City Trussville State AL Zip Code 35173
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29261
 Amount of Each Receipt this Period 200.00
 Memo Item
 Payroll Deduction (\$100, 2 weeks)

C. Murvin, Sandra, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2858 Canterbury Road
 City Birmingham State AL Zip Code 35223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29263
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	340.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Ostaszewski, Patricia, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 54 Bay Way
 City Brick State NJ Zip Code 08723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29264
 Amount of Each Receipt this Period 60.00
 Memo Item
 Payroll Deduction (\$30, 2 weeks)

B. Poynter, William, W., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1202 Berwick Road
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) National Talent Acquisition Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29266
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25, 2 weeks)

C. Price, Andrew, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 72 Nolen Street
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Chief Accounting Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29267
 Amount of Each Receipt this Period 100.00
 Memo Item
 Payroll Deduction (\$50, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	210.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Rosene, Robert, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9747 West Vandeventor Drive
 City Littleton State CO Zip Code 80128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Human Resources Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29268
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

B. Rosetta, Kevin, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1324 Detroit Avenue
 City Nederland State TX Zip Code 77627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Pharmacy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29269
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction (\$19, 2 weeks)

C. Schoel, Will, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2309 Craft Lane
 City Hoover State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Organization Development Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29272
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	98.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Shafer, Kathleen, A., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1827 Sentry Oak Court
 City Orange Park State FL Zip Code 32003
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional Chief Nursing Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29273
 Amount of Each Receipt this Period 50.00
 Memo Item
 Payroll Deduction (\$25, 2 weeks)

B. Skripps, Michele, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 122 Pine Ridge Drive
 City Belton State SC Zip Code 29627
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Hospital Administrator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29274
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

C. Smith, Walter, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 Broadway Street
 City Birmingham State AL Zip Code 35209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) State Regulatory Affairs Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29277
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Taggart, Dean, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 704 Guardbridge Court

City Birmingham	State AL	Zip Code 35242
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) Inspector General
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : SA11AI.29282

Amount of Each Receipt this Period
 30.00

Memo Item
 Payroll Deduction (\$15, 2 weeks)

B. Terry, Sheila, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 177 Wisteria Dr.

City Chelsea	State AL	Zip Code 35043
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) Regional Controller
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : SA11AI.29283

Amount of Each Receipt this Period
 30.00

Memo Item
 Payroll Deduction (\$15, 2 weeks)

C. Treadway, Michael, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1884 West Holly Trail

City Hawkins	State TX	Zip Code 75570
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Encompass Health Corporation	Occupation (for Individual) Controller
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2018
Transaction ID : SA11AI.29285

Amount of Each Receipt this Period
 60.00

Memo Item
 Payroll Deduction (\$30, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	120.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Tyree, Renee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5821 S. Wilson Dr.
 City Chandler State AZ Zip Code 85249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Pharmacy Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29286
 Amount of Each Receipt this Period 40.00
 Memo Item
 Payroll Deduction (\$20, 2 weeks)

B. Wilder, Linda, Masone, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2335 Ridge Trail
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29288
 Amount of Each Receipt this Period 140.00
 Memo Item
 Payroll Deduction (\$70, 2 weeks)

C. Willey, Donn, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1932 River Woods Road
 City Hoover State AL Zip Code 35244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) National Compensation Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29289
 Amount of Each Receipt this Period 38.00
 Memo Item
 Payroll Deduction (\$19, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	218.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Encompass Health Corporation Political Action Committee

A. Wilson, Arthur, E., Jr.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5947 South Shades Crest Rd
 City Bessemer State AL Zip Code 35022
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Chief Real Estate Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1153.80**

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29290
 Amount of Each Receipt this Period **153.84**
 Memo Item
 Payroll Deduction (\$76.92, 2 weeks)

B. Wilson, John, Ryan, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1113 Monaghan Drive
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Managed Care Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29291
 Amount of Each Receipt this Period **30.00**
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

C. Wisner, Robert, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1020 Eagle Lake Circle
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Reimbursement Senior Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **570.00**

Date of Receipt **07 / 31 / 2018**
Transaction ID : SA11AI.29292
 Amount of Each Receipt this Period **76.00**
 Memo Item
 Payroll Deduction (\$38, 2 weeks)

SUBTOTAL of Receipts This Page (optional).....	259.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 24
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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)
Encompass Health Corporation Political Action Committee

A. Wittig, William, Forrest, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3969 Haddon Circle
 City Hoover State AL Zip Code 35226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Operations Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29293
 Amount of Each Receipt this Period 30.00
 Memo Item
 Payroll Deduction (\$15, 2 weeks)

B. Yeager, Russell, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1348 Saddlecreek Parkway
 City Birmingham State AL Zip Code 35242
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Encompass Health Corporation Occupation (for Individual) Chief Information Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 31 / 2018
Transaction ID : SA11AI.29294
 Amount of Each Receipt this Period 80.00
 Memo Item
 Payroll Deduction (\$40, 2 weeks)

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	110.00
TOTAL This Period (last page this line number only).....	3643.84