

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

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

FOR LINE NUMBER: PAGE 14 OF 35

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Encompass Health Corporation Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Hester, Amber, , ,

Mailing Address 2060 Mauvilla Cove

City
Biloxi

State
MS

Zip Code
39531

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.31231

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$20, 2 Week)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. House, William, Bernard, , III

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 Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.31234

Amount of Each Receipt this Period

70.00

☐ Memo Item

Payroll Deduction (\$35, 2 weeks)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Hunter, Justin, , ,

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 & Reg. SVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

760.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 30 / 2019

Transaction ID : SA11AI.31235

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction (\$40, 2 weeks)

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

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

190.00