

# **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)

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☒ 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. Darby, John, Patrick, ,**

Mailing Address 3115 Overhill 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)

General Counsel & Corporate Secretary

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2019

Transaction ID : SA11AI.31361

Amount of Each Receipt this Period

300.00

☐ Memo Item

Payroll Deduction (\$100, 2 weeks)

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

**B. Daughtry, Morris, Chris, ,**

Mailing Address 2025 Maultrie Square

City  
Anderson

State  
SC

Zip Code  
29621

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 ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2019

Transaction ID : SA11AI.31362

Amount of Each Receipt this Period

30.00

☐ Memo Item

Payroll Deduction (\$10, 2 weeks)

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

**C. Dedecker, Troy, , ,**

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 ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2019

Transaction ID : SA11AI.31363

Amount of Each Receipt this Period

150.00

☐ Memo Item

Payroll Deduction (\$50, 2 weeks)

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

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

480.00