

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

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

FOR LINE NUMBER: PAGE 8 OF 43

(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. **Blinco, Lynne, , ,**

Mailing Address 5537 Governors Ave NW

City
Canton

State
OH

Zip Code
44718

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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.31659

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction (\$10, 2 Weeks)

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

B. **Braz, Marcus, John, ,**

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)
Area Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.31660

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$20, 2 weeks)

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

C. **Brewer, Jennifer, , ,**

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)
Area Hospital Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 31 / 2019

Transaction ID : SA11AI.31661

Amount of Each Receipt this Period

40.00

☐ Memo Item

Payroll Deduction (\$20, 2 weeks)

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

100.00

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