

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 22

(check only one)

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

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NAME OF COMMITTEE (In Full)

FEDERATION OF AMERICAN HOSPITALS PAC

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

A. Funk, Craig, , ,

Mailing Address 27902 Jordanfield Ln

City
KatyState
TXZip Code
77494FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Encompass Health CorporationOccupation (for Individual)
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 10 / 2019

Transaction ID : 75F42D2F-E69A-46C7-

Amount of Each Receipt this Period

500.00

☐ Memo Item

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

B. Gray, Jerry, , ,

Mailing Address 7130 E Saddleback St #56

City
MesaState
AZZip Code
85207FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Encompass Health CorporationOccupation (for Individual)
Health Care Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2019

Transaction ID : 0EA4D29F-E2E9-4EF0-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

C. House, William, , ,

Mailing Address 1739 Lake Cyrus Club Drive

City
HooverState
ALZip Code
35244FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Encompass Health CorporationOccupation (for Individual)
Regional CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 09 / 2019

Transaction ID : B3A57A6D-D93D-4702-

Amount of Each Receipt this Period

250.00

☐ Memo Item

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

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

1000.00