

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 20

☒ 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. Mantegazza, Peter, M., ,

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.30560

Amount of Each Receipt this Period

152.00

☐ Memo Item

Payroll Deduction (\$38, 2 weeks)

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

B. McCallum, Robert, Warren, , III

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 ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.30561

Amount of Each Receipt this Period

152.00

☐ Memo Item

Payroll Deduction (\$38, 2 weeks)

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

C. Mowen, Ed, M., ,

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 ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2019

Transaction ID : SA11AI.30566

Amount of Each Receipt this Period

400.00

☐ Memo Item

Payroll Deduction (\$100, 2 weeks)

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

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

704.00