

# **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. Hardin, Nicholas, David, ,**

Mailing Address 24014 Clover Trails

City  
Katy

State  
TX

Zip Code  
77494

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 ▼

247.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.30712**

Amount of Each Receipt this Period

57.00

☐ Memo Item

Payroll Deduction (\$19, 2 weeks)

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

**B. 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 ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.30715**

Amount of Each Receipt this Period

60.00

☐ Memo Item

Payroll Deduction (\$20, 2 Week)

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

**C. 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 ▼

855.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 30 / 2019

**Transaction ID : SA11AI.30719**

Amount of Each Receipt this Period

105.00

☐ Memo Item

Payroll Deduction (\$35, 2 weeks)

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

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

222.00