

# **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 ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.31499

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 ▼

530.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.31500

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 ▼

480.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 30 / 2019

Transaction ID : SA11AI.31501

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).....▶