

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

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

FOR LINE NUMBER: PAGE 12 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. Conn, Kevin, R., ,

Mailing Address 6192 NW 88th Avenue

City
Parkland

State
FL

Zip Code
33067

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Encompass Health Corporation

Occupation (for Individual)

Regional Operations Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1200.00

Date of Receipt

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

Transaction ID : SA11AI.31513

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction (\$50, 2 weeks)

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

B. Darby, John, Patrick, ,

Mailing Address 3115 Overhill Road

City

Birmingham

State

AL

Zip Code

35223

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Encompass Health Corporation

Occupation (for Individual)

General Counsel & Corporate Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2400.00

Date of Receipt

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

Transaction ID : SA11AI.31515

Amount of Each Receipt this Period

200.00

☐ Memo Item

Payroll Deduction (\$100, 2 weeks)

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

C. Daughtry, Morris, Chris, ,

Mailing Address 2025 Maultrie Square

City

Anderson

State

SC

Zip Code

29621

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.31516

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction (\$10, 2 weeks)

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

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

320.00