

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 12 OF 68

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

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NAME OF COMMITTEE (In Full)

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

A. Ahmann, John, , , MD

Mailing Address 4262 Emerald Blvd

City
Richfield

State
OH

Zip Code
44286-9588

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatrix Medical Group of Ohio Corp.

Occupation (for Individual)
Medical Director NICU

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : A310CA812CA734D2AA0F

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

B. Grow, Jennifer, L, , MD

Mailing Address 8375 Maxwell Cir NW

City
North Canton

State
OH

Zip Code
44720-8174

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatrix Medical Group of Ohio Corp.

Occupation (for Individual)
Neonatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : AB7A87F1655894634A2F

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

C. Protain, Alison, , , MD

Mailing Address 8105 Saint Rosario Pl

City
Canfield

State
OH

Zip Code
44406-8057

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Pediatrix Medical Group of Ohio Corp.

Occupation (for Individual)
Neonatologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 10 / 2019

Transaction ID : A6DBF6193511E4E3C807

Amount of Each Receipt this Period

1500.00

☐ Memo Item

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

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

4500.00