

# **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)

**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

**A. Granberry, Jennifer, , ,**

Mailing Address 7700 NW 120th Dr

City  
Parkland

State  
FL

Zip Code  
33076-4536

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mednax Services, Inc.

Occupation (for Individual)  
COO RCM

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1440.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : A5CDDC3D79D4E4A8688D**

Amount of Each Receipt this Period

120.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$60.00/

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

**B. Devine, Matthew, J, ,**

Mailing Address 2902 Needham Ct

City  
Delray Beach

State  
FL

Zip Code  
33445-7141

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mednax Services, Inc.

Occupation (for Individual)  
President Radiology Svcs

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4999.92

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : A70C10E9745E44F819DD**

Amount of Each Receipt this Period

416.66

☐ Memo Item

Payroll Deduction Payroll Deduction: \$208.33/

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

**c. Shakar, Robert, M, , MD**

Mailing Address 933 Rabbit Run

City  
Wilmington

State  
NC

Zip Code  
28409-2207

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Southeast Anesthesiology Consultants,

Occupation (for Individual)  
Medical Director Anesth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y  
12 / 31 / 2019

**Transaction ID : AC92FD8B3C9604104982**

Amount of Each Receipt this Period

20.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$10.00/

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

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

556.66