

# **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. Ganti, Suryaprakash, , ,**

Mailing Address 130 Old Stirling Rd

City  
Warren

State  
NJ

Zip Code  
07059-5830

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

AA of NJ PC

Occupation (for Individual)

Anesthesiologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : A3C6087C444A34F4FA4B**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$125.00/

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

**B. Cook, Elizabeth, K, ,**

Mailing Address 7736 Norwich Rd

City  
Powell

State  
TN

Zip Code  
37849-4600

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pediatric Medical Group of Tennessee,

Occupation (for Individual)

NNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : AC729B6960BF841928C3**

Amount of Each Receipt this Period

80.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$40.00/

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

**C. Bankston, John, L, , MD**

Mailing Address 111 Pembroke Dr

City  
Palm Beach Gardens

State  
FL

Zip Code  
33418-4611

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Pediatric Medical Group of Florida, In

Occupation (for Individual)

Neonatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2020

**Transaction ID : A854549070CDD4992BC0**

Amount of Each Receipt this Period

125.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$125.00/

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

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

330.00