

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. 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)

Pediatrix Medical Group of Tennessee,

Occupation (for Individual)

NNP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 29 / 2019

Transaction ID : A3CB3E53DF10C44B398B

Amount of Each Receipt this Period

40.00

☐ Memo Item
Payroll Deduction

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

B. Walker, Martin, P, , MD

Mailing Address 7960 NE 170th St

City

Kenmore

State

WA

Zip Code

98028-3927

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Obstetrix Medical Group of Washington,

Occupation (for Individual)

Practice Med Dir MFM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

03 / 29 / 2019

Transaction ID : A76CD5DF745564E90A96

Amount of Each Receipt this Period

125.00

☐ Memo Item
Payroll Deduction

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

c. De Regt, Roberta, H, , MD

Mailing Address 1110 112th Ave NE
Ste 100

City

Bellevue

State

WA

Zip Code

98004-4509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Obstetrix Medical Group of Washington,

Occupation (for Individual)

MFM Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 29 / 2019

Transaction ID : AFA0CBDC619C7498DAE0

Amount of Each Receipt this Period

100.00

☐ Memo Item
Payroll Deduction

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

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

265.00