

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

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

FOR LINE NUMBER: PAGE 50 OF 60

(check only one)

☒ 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. Tisdell, Scott, , MD**

Mailing Address 1420 Crownhill Dr

City  
Arlington

State  
TX

Zip Code  
76012-2816

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pediatrix Medical Services, Inc.

Occupation (for Individual)  
Medical Director NICU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

681.81

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : AAF6F9F7C1CA24FF1BF3**

Amount of Each Receipt this Period

227.27

☐ Memo Item  
Payroll Deduction

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

**B. Steiner, Craig, , MD**

Mailing Address 4709 Camargo Ct

City  
College Station

State  
TX

Zip Code  
77845-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pediatrix Medical Services, Inc.

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  
03 / 29 / 2019

**Transaction ID : A94B36E50503640B596C**

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. Dotzler, Susan, A, , MD**

Mailing Address 1203 Ashbury Bay

City  
San Antonio

State  
TX

Zip Code  
78258-3842

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pediatrix Medical Services, Inc.

Occupation (for Individual)  
Neonatologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 29 / 2019

**Transaction ID : A65B000E4B0B948E19B2**

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)..... ►

452.27