

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full)  (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Pediatrics Medical Group, Inc. Political Action Committee (Pediatrics PAC)

ADDRESS (number and street) 1301 Concord Terrace

(Check if address is changed)

Sunrise CITY ▲ FL STATE ▲ 33323-2843 ZIP CODE ▲

### COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) outsourcing@aristotle.com

Optional Second E-Mail Address outsourcing@aristotle.com

### COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 01 / 2022

3. FEC IDENTIFICATION NUMBER C C00469205

4. IS THIS STATEMENT  NEW (N) OR  AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Patz, Darren, , , Esq.

Signature of Treasurer Patz, Darren, , , Esq. [Electronically Filed] Date 07 / 06 / 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

5. TYPE OF COMMITTEE:

**Candidate Committee:**

- (a)  This committee is a principal campaign committee. (Complete the candidate information below.)
- (b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate \_\_\_\_\_

Candidate Party Affiliation  Office Sought:  House  Senate  President State  District

- (c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate \_\_\_\_\_

**Party Committee:**

- (d)  This committee is a  (National, State or subordinate) committee of the  (Democratic, Republican, etc.) Party

**Political Action Committee (PAC):**

- (e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation  Corporation w/o Capital Stock  Labor Organization  
 Membership Organization  Trade Association  Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

- (f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.  
 In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

- (h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

- (i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. \_\_\_\_\_  
 2. \_\_\_\_\_

C \_\_\_\_\_  
 C \_\_\_\_\_

Write or Type Committee Name

Pediatrix Medical Group, Inc. Political Action Committee (Pediatrix PAC)

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Pediatrix Medical Group, Inc.

Grid lines for name entry

Mailing Address 1301 Concord Ter

Grid lines for address line 2

Sunrise FL 33323-2843

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: [x] Connected Organization [ ] Affiliated Organization [ ] Joint Fundraising Representative [ ] Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name Patz, Darren, , , Esq.

Mailing Address 817 N Dawson St

Grid lines for address line 2

Thomasville GA 31792-4454

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number 800 - 243 - 3839

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer Patz, Darren, , , Esq.

Mailing Address 817 N Dawson St

Grid lines for address line 2

Thomasville GA 31792-4454

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number 800 - 243 - 3839

Full Name of Designated Agent

Pepia, John, , ,

Mailing Address

20160 Ocean Key Dr

Boca Raton

FL

33498-4529

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Assistant Treasurer

Telephone number

800

243

3839

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Bank of America

Mailing Address

600 Peachtree Street

Atlanta

GA

30308

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A  
Transaction ID :

Amended to Reflect New Name of PAC and Connected Organization

Form/Schedule:  
Transaction ID: