

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

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

FOR LINE NUMBER: PAGE 44 OF 65  
(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 ▼

1136.35

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : A05988F9214DA40248DF**

Amount of Each Receipt this Period

227.27

☐ Memo Item

Payroll Deduction Payroll Deduction: \$227.27/

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

**B. Taylor, B Keith, , , MD**

Mailing Address 108 Linden Ave

City  
Lynchburg

State  
VA

Zip Code  
24503-2010

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Pediatrix Medical Group, P.C.

Occupation (for Individual)  
Corp Med Dir NICU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : A474E61F70EE34F6D8BF**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$100.00/

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

**C. Ross, Mitchell, P, , MD**

Mailing Address 4900 SW 229th Ave  
Apt 620

City  
Beaverton

State  
OR

Zip Code  
97078-8587

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Newborn Specialists, P.C.

Occupation (for Individual)  
Medical Director PICU

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 31 / 2019

**Transaction ID : AB5BA602C8E3149D28DA**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$50.00/

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

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

377.27