

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

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

FOR LINE NUMBER: PAGE 45 OF 79

(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. Pepia, John, , ,**

Mailing Address 20160 Ocean Key Dr

City  
Boca Raton

State  
FL

Zip Code  
33498-4529

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Mednax Services, Inc.

Occupation (for Individual)  
SVP & Chief Acctg Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : A5D3862DFDE07499DB18**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$250.00/

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

**B. PerezDiaz, Jose, A, , MHSA**

Mailing Address Cond Pine Grove  
Apt 44a

City  
Carolina

State  
PR

Zip Code  
00979

FEC ID number of contributing  
federal political committee.

C

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

Occupation (for Individual)  
Dir Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : AF7E0F2539037438F8CD**

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. Clifton, Charles, L, , JRMD**

Mailing Address 4370 Bancroft Vly

City  
Johns Creek

State  
GA

Zip Code  
30022-5175

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
American Anesthesiology of Georgia, LL

Occupation (for Individual)  
Medical Director Anesth

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2019

**Transaction ID : A558A720CDDFF84478ADB**

Amount of Each Receipt this Period

25.00

☐ Memo Item

Payroll Deduction Payroll Deduction: \$25.00/

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

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

375.00