FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069549 3 COMMITTEE NAME **OFFICE USE ONLY** Pediatrix Medical Group, Inc. Texas Political Action Committee Date Received **ELECTRONICALLY FILED** 02/05/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1301 Concord Terrace Date Hand-delivered or Date Postmarked Change of Address Sunrise, FL 33323 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Justin NAME NICKNAME LAST **SUFFIX Phillips** STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 205 Pennsylvania Ave. SE STREET **ADDRESS** (Residence or Business) Washington, DC 20003 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 205 Pennsylvania Ave. SE MAILING **ADDRESS** Washington, DC 20003 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (202) 905-9070 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 01/01/2024 01/25/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year χ Primary Runoff Other 03/05/2024 General Special

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC** COVER SHEET PG 2

2 COMMITTEE NAME	and the Toron Bulliant A	Constitution Constitution	13 Filer ID	(Ethics Commission Filers)
Pediatrix Medical Gr	oup, Inc. Texas Political A	ction Committee	00069549	
4 COMMITTEE ACTIVITY	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Sen. Nathan Johnson State S	enator	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	Measures (Describe by date and location of election and nature of issue.)	A. Supported		
		B. Opposed		
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)			
5 CONTRIBUTION TOTALS	PLEDGES, LOANS, CONTRIBUTIONS M	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	18,500.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	56,696.20
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
6 AFFIDAVIT			<u> </u>	
		I swear, or affirm, under penalty of pe true and correct and includes all infor under Title 15, Election Code.		
			er a Blatte	
		Mr. Jusi Signature of Ca	tin Phillips	uror
AFEIX NOTA	RY STAMP / SEAL ABOVE	Signature of Ca	impaigir rreasi	nei
		, t	his the	day
of	, 20, to certify	which, witness my hand and seal of office.		
0:	- destatate (District discuss of off	- 100 - 200	
Signature of officer	administering oath	Printed name of officer administering oath	litle of offi	cer administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

Page 3 of 7

COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Pediatrix Medical Group	, Inc. Texas Political	Action Comm	nittee	00069549	
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Dade Phelan State Repres	sentative	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Stephanie Klick State Rep	resentative	
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Rep. Giovanni Capriglione State	e Representative	9
Attach lists on plain paper to complete this report if necessary.)		B. Opposed			
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported			
		B. Opposed			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				
	Pediatrix Medical Group COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.) COMMITTEE ACTIVITY Attach lists on plain paper to complete this peport if necessary.)	Pediatrix Medical Group, Inc. Texas Political COMMITTEE ACTIVITY Attach lists on plain Diaper to complete this Eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain Diaper to complete this Eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain Diaper to complete this ENCTIVITY Attach lists on plain Diaper to complete this ENCTIVITY Attach lists on plain Diaper to complete this ENCTIVITY 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 1. Candidates (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 2. Measures (Identify by name or, if applicable, classify by party.) 3. Officeholders Assisted 3. Officeholders Assisted 3. Officeholders Assisted	Pediatrix Medical Group, Inc. Texas Political Action Common Committee ACTIVITY Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) 3. Officeholders Assisted (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) 2. Measures (Describe by date and location of election and nature of issue.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary. Attach lists on plain paper to complete this eport if necessary. COMMITTEE (Identify by name or, if applicable, classify by party.) B. Opposed COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) COMMITTEE (Identify by name or, if applicable, classify by party.) Attach lists on plain paper to complete this eport if necessary.) A. Supported (Identify by name or, if applicable, classify by party.) B. Opposed 2. Measures (Describe by date and location of election and nature of issue.) B. Opposed 3. Officeholders Assisted B. Opposed B. Opposed	Pediatrix Medical Group, Inc. Texas Political Action Committee COMMITTEE ACTIVITY Attach lists on plain apper to complete this eport if necessary.) COMMITTEE ACTIVITY 1. Candidates (desirely by paner or, if applicable, classify by party). COMMITTEE ACTIVITY 2. Measures (Describe by date and leading by party). COMMITTEE ACTIVITY Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport if necessary.) Attach lists on plain paper to complete this eport of necessary.) Attach lists on plain paper to complete this eport of complete this eport of necessary.) Attach lists on plain paper to complete this eport of necessary.) Attach lists on plain paper to complete this eport of necessary. Attach lists on plain paper to complete this eport of necessary. A Supported Rep. Giovanni Capriglione State of paper to complete this eport of necessary. B. Opposed B. Opposed B. Opposed A Supported Rep. Giovanni Capriglione State of paper to complete this eport of necessary. B. Opposed B. Opposed B. Opposed B. Opposed B. Opposed	Pediatrix Medical Group, Inc. Texas Political Action Committee Committee

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

							Page 4 of	1
12 COMMITTEE NAME						13 Filer ID	(Ethics Commission Filers)
Pediatrix Medical Group	o, Inc. Texas Political	Action	n Comm	ittee		00069549		
14 COMMITTEE ACTIVITY 1. Candidates (Identify by name or, if applicable, classify by party.)			pported	Rep. Justin Holland State R	Repres	sentative		
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported					
		В. Ор	posed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		pported	Rep. Jacey Jetton State Re	eprese	ntative		
(Attach lists on plain paper to complete this report if necessary.)		В. Ор	posed					
	2. Measures (Describe by date and location of election and nature of issue.)	A. Su	pported					
		В. Ор	posed					
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)							

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3

				5 of 7
		EE NAME Medical Group, Inc. Texas Political Action Committee	18 Filer ID 00069549	(Ethics Commission Filers)
19 SCH NAM	EDULE	SUBTOTAL AMOUNT		
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORGA	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 18,500.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Git/Jawards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 1/2 Rpt: 6/7	2 FILER NAME Pediatrix Medical Group, Inc. Texas Political Action 3 Filer ID (Ethics Commission Filers) 00069549
•	Fediatity Medical Group, Inc. Texas Political Action
4 Date	5 Payee name
01/16/2024	Dade Phelan Campaign
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$10,000.00	PO Box 848
Expenditure from corporate funds	Nederland, TX 77627-0848
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By Contributions/Donations Made By Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense
	Political Contribution
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	
Date	Power name
	Payee name
01/16/2024	Giovanni Capriglione Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	PO BOX 92007
Evpanditura from	
Expenditure from corporate funds	Southlake, TX 76092-0101
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	Contributions/Donations Made By
EXPENDITURE	Candidate/Officeholder/Political Committee
	Political Contribution
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/OI	1
Date	Payee name
01/16/2024	Jacey Jetton Campaign
Amount (\$)	Payee address; City; State; Zip Code
\$5,000.00	1723 Hearthside Ct
40,000.00	1720 Float thought of
Expenditure from	Disharand TV 77400 1000
corporate funds	Richmond, TX 77406-1389
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Political Contribution
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
S. Polland to bollone 0/01	

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	y - al Com	Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District Travel Out of District Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2	FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 7/7	ı	Pediatrix Medical Group, Inc. Texas Political Action 00069549
4	Date	5	Payee name
	01/16/2024	,	Justin Holland Campaign
6	Amount (\$)	7	Payee address; City; State; Zip Code
	\$500.00	;	3021 Ridge Rd.
		;	Ste. A, Box 79
	Expenditure from corporate funds		Rockwall, TX 75032-5830
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sought Office held
	Date		Payee name
	01/16/2024		Nathan Johnson Campaign
	Amount (\$)		Payee address; City; State; Zip Code
	\$1,000.00		PO Box 670994
	Expenditure from corporate funds		Dallas, TX 75367-0994
	PURPOSE OF		Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution
	Complete ONLY if direct expenditure to benefit C/Oh		andidate/Officeholder name Office sought Office held
	Date		Payee name
	01/16/2024	;	Stephanie Klick Campaign
	Amount (\$)		Payee address; City; State; Zip Code
	\$1,000.00		P.O. Box 7592
	Expenditure from corporate funds		Fort Worth, TX 76111-0592
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE		Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political Contribution
	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeholder name Office sought Office held