

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="509102.96"/>	<input type="text" value="509102.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="707260.99"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="68861.88"/>	<input type="text" value="419348.69"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="776122.87"/>	<input type="text" value="928451.65"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="48799.43"/>	<input type="text" value="201128.21"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="727323.44"/>	<input type="text" value="727323.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	62199.71	370144.88
(ii) Unitemized	6594.68	48599.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	68794.39	418744.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	68794.39	418744.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	67.49	604.19
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	68861.88	419348.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68861.88	419348.69

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	49.43	653.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49.43	653.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	112500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	32750.00	87975.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48799.43	201128.21
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48799.43	201128.21

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	68794.39	418744.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68794.39	418744.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.43	653.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	67.49	604.19
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-18.06	49.02

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. John M Aguiar
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330-5717

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Customer Service

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A5AB0716525B54A3B963

Amount of Each Receipt this Period
39.00

Payroll Deduction

B. John Ahmann MD
Full Name (Last, First, Middle Initial)

Mailing Address 4262 Emerald Blvd

City Richfield State OH Zip Code 44286-9588

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Ohio Corp. Occupation Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : A935D182B504447CB5A

Amount of Each Receipt this Period
2000.00

C. Shannon S Allen
Full Name (Last, First, Middle Initial)

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063-5352

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc. Occupation Dir IS Clinic Systems

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **372.89**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : A68EFBCCEF7264FE88CF

Amount of Each Receipt this Period
53.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2092.27**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Shannon S Allen

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063-5352

FEC ID number of contributing federal political committee. **C**

Name of Employer: **Pediatrix Medical Group, Inc.** Occupation: **Dir IS Clinic Systems**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **426.16**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A78F5ECEEE0A5342029B3

Amount of Each Receipt this Period
53.27

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Robert Alphin MD

Mailing Address 4028 John S Raboteau Wynd

City Raleigh State NC Zip Code 27612-5329

FEC ID number of contributing federal political committee. **C**

Name of Employer: **American Anesthesiology of North Carol** Occupation: **Anesthesiologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A8B87D2E763864505A9B

Amount of Each Receipt this Period
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jennifer Anderson MD

Mailing Address 1615 Rancho Guadalupe Trail NW

City Albuquerque State NM Zip Code 87107-6529

FEC ID number of contributing federal political committee. **C**

Name of Employer: **Pediatrix Medical Group of New Mexico,** Occupation: **Medical Director**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A3A2874CF466D4BA992B

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	228.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Dominic J Andreano
 Full Name (Last, First, Middle Initial)
 Mailing Address 6803 Lost Garden Ter
 City Parkland State FL Zip Code 33076-3952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1750.00

Date of Receipt 04 / 15 / 2015
Transaction ID : A13DBADA40D184FF6BF3
 Amount of Each Receipt this Period 250.00
 Payroll Deduction

B. Dominic J Andreano
 Full Name (Last, First, Middle Initial)
 Mailing Address 6803 Lost Garden Ter
 City Parkland State FL Zip Code 33076-3952
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2015
Transaction ID : A5AC34D1BD5C044B484E
 Amount of Each Receipt this Period 250.00
 Payroll Deduction

C. Pratibha Ankola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Sprain Valley Rd # B12
 City Scarsdale State NY Zip Code 10583-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group Neonatology an Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 30 / 2015
Transaction ID : A13F2090B6EF34F478D1
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Travis W Anschutz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9936 Henry Creek Rd
 City Idaho Falls State ID Zip Code 83406
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain States Neonatology, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 02 / 2015**
Transaction ID : A4D6D10CCC1774E4D82C
 Amount of Each Receipt this Period **600.00**

B. Martin Anyebuno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5722 Moccasin Run
 City Rockford State IL Zip Code 61109-6104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Illinois, P Occupation Corporate Medical Directr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : AE2D1656AC01140DAA5C
 Amount of Each Receipt this Period **200.00**
 Payroll Deduction

C. Jennifer F Arriza
 Full Name (Last, First, Middle Initial)
 Mailing Address 1948 SW 177 Ave
 City Miramar State FL Zip Code 33029-5249
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Applications
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 15 / 2015**
Transaction ID : A048F13F3D5F34D8CA41
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **850.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jennifer F Arriza		Date of Receipt
Mailing Address 1948 SW 177 Ave		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miramar	FL	33029-5249
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABCA67A40B7764E17BA0
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	VP Applications	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Ronda K Ash		Date of Receipt
Mailing Address 3927 Lawson Blvd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Delray Beach	FL	33445-5650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEF0DE9700B54407CA1A
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir CodingANES	<input type="text" value="113.26"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="792.32"/>	

Full Name (Last, First, Middle Initial) C. Ronda K Ash		Date of Receipt
Mailing Address 3927 Lawson Blvd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Delray Beach	FL	33445-5650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF3FD21EB9C0E4F33B51
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir CodingANES	<input type="text" value="113.26"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="905.58"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="276.52"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Christine N Aune MD		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City San Antonio	State TX	Zip Code 78255-3303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A8A18247D1ACF441FB18
Name of Employer Pediatrix Medical Services, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Neonatologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	

Full Name (Last, First, Middle Initial) B. Christine N Aune MD		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City San Antonio	State TX	Zip Code 78255-3303
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : ADCD76116E3E14C73956
Name of Employer Pediatrix Medical Services, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Neonatologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Ronald S Bank MD		Date of Receipt
Mailing Address 1642 White Pine Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Vienna	State VA	Zip Code 22182-1963
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A224888391A42444FBB5
Name of Employer American Anesthesiology of Virginia, P		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation Anesthesiologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. John L Bankston MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A9FD95AE5B32D493AAAC
Mailing Address 111 Pembroke Dr		Amount of Each Receipt this Period 125.00
City Palm Beach Gardens	State FL	Zip Code 33418-4611
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Michael Battista MD		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : A164E98B623904712966
Mailing Address 11 Orsinger Hill		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78230-1500
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Michael Battista MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A61082A112CE942FC865
Mailing Address 11 Orsinger Hill		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78230-1500
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Rosaire J Belizaire MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Grand Pointe Boulevard
 City Lafayette State LA Zip Code 70508-7362
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Louisiana, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AF30168798187416DB96
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

B. Valerie J Bell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2973 Cheroakwood Lane
 City Rockford State IL Zip Code 61114-6247
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Illinois, P Med Dir Ped Hosp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A3239203E173F41D391D
 Amount of Each Receipt this Period
 75.00
 Payroll Deduction

C. Arthur F Bergh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 460 Lanternback Island Drive # 1508
 City Satellite Beach State FL Zip Code 32937-4709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Virginia, P Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AB32F5EE83B564588846
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Timothy Biela MD		Date of Receipt
Mailing Address 8050 Colonial Woods		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boerne	TX	78015-4992
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3037B8A8C643444C9A4
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Timothy Biela MD		Date of Receipt
Mailing Address 8050 Colonial Woods		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boerne	TX	78015-4992
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A812C046AD93745A6A90
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="45.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="360.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David R Breed MD		Date of Receipt
Mailing Address 1310 S College St		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Georgetown	TX	78626-7020
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE565057E7C59497089F
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="700.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. David R Breed MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AF7EB48C8CFB44DFA948
Mailing Address 1310 S College St		Amount of Each Receipt this Period 100.00
City Georgetown	State TX	Zip Code 78626-7020
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Howard Brenker MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A3371FE6DDEF5462F9F1
Mailing Address 6566 NW 99 Lane		Amount of Each Receipt this Period 100.00
City Parkland	State FL	Zip Code 33076-2340
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Florida, In	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) c. Robert C Bryant		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AF83ABF29D6CC4A4C9B8
Mailing Address 12717 W Sunrise Blvd 256		Amount of Each Receipt this Period 416.66
City Sunrise	State FL	Zip Code 33323-0902
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation SVP and CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

SUBTOTAL of Receipts This Page (optional).....▶	616.66
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Andrew Sean Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 423 Westridge Circle

City Anaheim	State CA	Zip Code 92807-3722
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Patient Accts15
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : AF5A1F99C7AB44692AE0

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Andrew Sean Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 423 Westridge Circle

City Anaheim	State CA	Zip Code 92807-3722
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Patient Accts15
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A74B39C91D57B4616B62

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. William D Caplan MD
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Edloe

City Houston	State TX	Zip Code 77025-1901
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : AF211376D49594B7D9E5

Amount of Each Receipt this Period
200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Barbara Carr MD
Full Name (Last, First, Middle Initial)
Mailing Address 14116 Fontana

City Leawood	State KS	Zip Code 66224-1155
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Kansas, P.A	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A4B856A7E246A41629F3

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. Paul T Carrell MD
Full Name (Last, First, Middle Initial)
Mailing Address 5215 Buckman Mountain Rd

City Austin	State TX	Zip Code 78746
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of Texas, Inc.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AADEEBE1FC3C346BB9F0

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Ronald P Carzoli MD
Full Name (Last, First, Middle Initial)
Mailing Address 50 3rd AVe South
1101

City Jacksonville Beach	State FL	Zip Code 32250-6783
----------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Florida, In	Occupation Corporate Medical Directr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A9CAD8511F7FE451E980

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Donald H Chace PHD
Full Name (Last, First, Middle Initial)
Mailing Address 321 Winslow Way
City Swansea State MA Zip Code 02777
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir PDX Analytcl Research
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : AE8F3AE646E7B4DB683B
Amount of Each Receipt this Period: **50.00**
Payroll Deduction

B. Donald H Chace PHD
Full Name (Last, First, Middle Initial)
Mailing Address 321 Winslow Way
City Swansea State MA Zip Code 02777
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir PDX Analytcl Research
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : A19BDAFC7A91B4508812
Amount of Each Receipt this Period: **50.00**
Payroll Deduction

C. Elmer K Choi MD
Full Name (Last, First, Middle Initial)
Mailing Address 407 Park Street SE
City Vienna State VA Zip Code 22180-5806
FEC ID number of contributing federal political committee. **C**
Name of Employer: American Anesthesiology of Virginia, P Occupation: Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : A5F6191B30B864773818
Amount of Each Receipt this Period: **100.00**
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **200.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Reese H Clark MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : AB9E55E35E24E4815BF6
Mailing Address 11539 NW 72nd Place		Amount of Each Receipt this Period 100.00
City Parkland	State FL	Zip Code 33076-3352
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation VP & CoDirector of CREQ
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2900.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Bobby Clifton MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : A6CC465E4CAB44ADBA56
Mailing Address 1312 Montrose Dr		Amount of Each Receipt this Period 100.00
City Shelby	State NC	Zip Code 28150-6047
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Brittany Clyne MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015 Transaction ID : A81EE5CA9C5EB4B3C821
Mailing Address 2208 Hastings Dr		Amount of Each Receipt this Period 75.00
City Charlotte	State NC	Zip Code 28207-2428
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Cameron Cole MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AE765C057BFA6462E82A
Mailing Address 8239 New Cut Rd		Amount of Each Receipt this Period 125.00
City Campo Bello	State SC	Zip Code 29322-8733
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group of South Carol	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Jose Colindres MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AC3284A9CDF704C35956
Mailing Address 16775 NW 20 Street		Amount of Each Receipt this Period 250.00
City Pembroke Pines	State FL	Zip Code 33028-2013
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. Steve Collins		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A9B4DCC6D9B3747B09ED
Mailing Address 10468 Laurel Road		Amount of Each Receipt this Period 500.00
City Davie	State FL	Zip Code 33328-1358
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation SVP Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Larry Consenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203-1303

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group Neonatology an
Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : **AFD207B8EC543417EA1D**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction

B. Larry Consenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203-1303

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group Neonatology an
Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : **A83DFB54F2F8F4CA8981**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction

C. William B Corkey MD
Full Name (Last, First, Middle Initial)

Mailing Address 1413 Dogwood Lane

City Raleigh State NC Zip Code 27607-6854

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of North Carol
Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : **A6E0FC8B639CF4320B9B**

Amount of Each Receipt this Period: **85.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **185.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Will W Curtis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 421 West 3rd Street
 1910
 City Austin State TX Zip Code 78701-4176
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Texas, Inc. Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : A5F4A77D178A0418CAA5
 Amount of Each Receipt this Period
300.00

B. Arlene N Davis
 Full Name (Last, First, Middle Initial)
 Mailing Address 1112 Tina Trail
 City Southlake State TX Zip Code 76092-1293
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : A976AC8B406044C58BF9
 Amount of Each Receipt this Period
1000.00

C. Roberta H De Regt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10930 250th Ave
 Ne
 City Redmond State WA Zip Code 98053-6236
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Washington, Occupation Perinatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AA1DB854969E84AF3824
 Amount of Each Receipt this Period
100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Jorge Del Toro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 NW 125th Avenue
 Unit 317
 City Sunrise State FL Zip Code 33323-6319
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation CMO VP Medical Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1282.68

Date of Receipt 04 / 30 / 2015
Transaction ID : AF4F0058EB6D44DA6A78
 Amount of Each Receipt this Period 320.67
 Payroll Deduction

B. Matthew J Devine
 Full Name (Last, First, Middle Initial)
 Mailing Address 2902 Needham Court
 City Delray Beach State FL Zip Code 33445-7141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 04 / 15 / 2015
Transaction ID : ABB0231433A484D86989
 Amount of Each Receipt this Period 208.33
 Payroll Deduction

C. Matthew J Devine
 Full Name (Last, First, Middle Initial)
 Mailing Address 2902 Needham Court
 City Delray Beach State FL Zip Code 33445-7141
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2015
Transaction ID : A8999E1D36208490DB3A
 Amount of Each Receipt this Period 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	737.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 25 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Susan A Dotzler MD
 Full Name (Last, First, Middle Initial)
 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 Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A6A8D9993376D45409A2
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

B. James Doyle MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2137 Queens Road East
 City Charlotte State NC Zip Code 28207-2729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AB3B3DE2EEEE6342BFBA7
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

C. Cedric Dupont MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 Pascal Lane
 City Austin State TX Zip Code 78746-2554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Texas, Inc. Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A79849EA3D0EF489EA31
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Michael D Dwyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1220 SE 3rd Ave
D301

City Pompano Beach State FL Zip Code 33060-9204

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 02 / 2015
Transaction ID : AE23F63FBC709461883C

Amount of Each Receipt this Period: 1000.00

B. Steven Edbril MD
Full Name (Last, First, Middle Initial)

Mailing Address 2860 NE 23rd Ct

City Pompano Beach State FL Zip Code 33062-1130

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of Florida, In Occupation: Medical Director Anesth

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 02 / 2015
Transaction ID : A69DD9A5037FF4F42AF7

Amount of Each Receipt this Period: 300.00

C. Melinda Elliott MD
Full Name (Last, First, Middle Initial)

Mailing Address 11984 Long Lake DR

City Reisterstown State MD Zip Code 21136-3529

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix of Maryland, P.A. Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 16 / 2015
Transaction ID : AF3817FDE17B5416C877

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Julia Elrod MD
Full Name (Last, First, Middle Initial)

Mailing Address 110 Oxford Circle

City	State	Zip Code
Bossier City	LA	71111-2279

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Pediatrix Medical Group of Louisiana,	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : ADF4B009F29CD46BA881

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. Emil D Engels MD
Full Name (Last, First, Middle Initial)

Mailing Address 3127 Windsong Dr

City	State	Zip Code
Oakton	VA	22124-1832

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
American Anesthesiology of Virginia, P	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AC02B397CF43241E89FA

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Claire M Fair
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Drive 102
102

City	State	Zip Code
Hollywood	FL	33021-8434

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mednax Services, Inc.	VP Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.31**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AF6C10E52E6254C918F1

Amount of Each Receipt this Period

208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	408.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Claire M Fair
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021-8434

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2015
Transaction ID : A47BE8C104F244509AF6

Amount of Each Receipt this Period 208.33

Payroll Deduction

B. Harriet J Feick MD
Full Name (Last, First, Middle Initial)

Mailing Address 3950 Stonebridge Blvd

City Copley State OH Zip Code 44321-3038

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Ohio Corp. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 02 / 2015
Transaction ID : AD88269033DBB400ABD3

Amount of Each Receipt this Period 2000.00

C. Alan Fishman MD
Full Name (Last, First, Middle Initial)

Mailing Address 108 Los Gatos Blvd

City Los Gatos State CA Zip Code 95030-6122

FEC ID number of contributing federal political committee. **C**

Name of Employer Obstetrix Medical Group of California, Occupation Corporate Medical Directr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 30 / 2015
Transaction ID : A13F14E4014E947F4A94

Amount of Each Receipt this Period 500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2708.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Cherie D Foster MD
Full Name (Last, First, Middle Initial)

Mailing Address 1909 West Richardson Place
Unit 1906

City Tampa State FL Zip Code 33606-3133

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of Florida, In
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : A430E3EF2F9A444F999F

Amount of Each Receipt this Period
5000.00

B. Richard Franklin MD
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Peninsula Ave

City Shelby State NC Zip Code 28150-9609

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of the Southea
Occupation: Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : AB1554B1AA86A47B7865

Amount of Each Receipt this Period
85.00

Payroll Deduction

C. Simon Frisch
Full Name (Last, First, Middle Initial)

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332-2493

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Dir Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : A22F960C6A40343B784B

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5185.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Simon Frisch

Mailing Address 3816 W Hibiscus Street

City Weston	State FL	Zip Code 33332-2493
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir Operations
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A53D34BBF693E4003832

Amount of Each Receipt this Period
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Josephine Gambardella MD

Mailing Address 1014 Priory Place

City McLean	State VA	Zip Code 22101-2134
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A02D8D19C6D234F038A6

Amount of Each Receipt this Period
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Barclay Gang

Mailing Address 738 NE 74 St
Apt 2801

City Miami	State FL	Zip Code 33138-5232
---------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Staff Counsel
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **541.69**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AA3CA4BD3BE704108AA1

Amount of Each Receipt this Period
41.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	241.67
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Barclay Gang		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A0F31B16E18A34601A12
Mailing Address 738 NE 74 St Apt 2801		Amount of Each Receipt this Period 41.67
City Miami	State FL	Zip Code 33138-5232
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Staff Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 583.36	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Sanjuanita GarzaCox MD		Date of Receipt MM / DD / YYYY 04 / 15 / 2015 Transaction ID : A7046AE76F3444110A7B
Mailing Address 722 Ruidosa Downs		Amount of Each Receipt this Period 208.33
City Helotes	State TX	Zip Code 78023-4640
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Sanjuanita GarzaCox MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AD5D50022190A4735B00
Mailing Address 722 Ruidosa Downs		Amount of Each Receipt this Period 208.33
City Helotes	State TX	Zip Code 78023-4640
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	458.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Maniya Gatmaitan
Full Name (Last, First, Middle Initial)

Mailing Address 645 W 9th Street Unit 706
Apt 706

City Los Angeles State CA Zip Code 90015-1656

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : **AB363FC2D173C4CC5AD**

Amount of Each Receipt this Period: **62.50**

Payroll Deduction

B. Maniya Gatmaitan
Full Name (Last, First, Middle Initial)

Mailing Address 645 W 9th Street Unit 706
Apt 706

City Los Angeles State CA Zip Code 90015-1656

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : **A0E2A5BF6D20C46C8B24**

Amount of Each Receipt this Period: **62.50**

Payroll Deduction

C. Richard Gilbert MD
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Coconut Drive
Apt 104

City Ft Lauderdale State FL Zip Code 33315-1147

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology, Inc. Occupation: VP Chief Med Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : **A2F792F7A3E004420BB9**

Amount of Each Receipt this Period: **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **225.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 OF 96
(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 (Last, First, Middle Initial)
A. Mario I Gonzalez

Mailing Address PO Box 48

City State Zip Code
Tallahassee FL 32302-0048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Div Dir Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : A675D0E84AD094FAA88C

Amount of Each Receipt this Period
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Mario I Gonzalez

Mailing Address PO Box 48

City State Zip Code
Tallahassee FL 32302-0048

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Div Dir Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015
Transaction ID : A2CCC787B1D3442B5B33

Amount of Each Receipt this Period
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jennifer Granberry

Mailing Address 7700 NW 120th Drive

City State Zip Code
Parkland FL 33076-4536

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. VP Org Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 15 / 2015
Transaction ID : AB53B3F48A19143E0AE8

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jennifer Granberry		Date of Receipt
Mailing Address 7700 NW 120th Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Parkland	FL	33076-4536
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : ABD0B625BC9EB4D46A38
Mednax Services, Inc.	VP Org Dev	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	<input type="text" value="60.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Katherine Grichnik MD		Date of Receipt
Mailing Address 6423 Collins Avenue Unit 1405		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miami Beach	FL	33141-4642
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : AA8D7D36716DA4C6B8F4
American Anesthesiology, Inc.	Dir ResearchEdu&Quality	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Katherine Grichnik MD		Date of Receipt
Mailing Address 6423 Collins Avenue Unit 1405		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Miami Beach	FL	33141-4642
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : AA7705D8FF64443EABDD
American Anesthesiology, Inc.	Dir ResearchEdu&Quality	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="260.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Samuel W Grossmann
Full Name (Last, First, Middle Initial)

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064-8938

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **809.48**

Date of Receipt **04 / 15 / 2015**

Transaction ID : AD6519CC92B3B4513B30

Amount of Each Receipt this Period **115.64**

Payroll Deduction

B. Samuel W Grossmann
Full Name (Last, First, Middle Initial)

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064-8938

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **925.12**

Date of Receipt **04 / 30 / 2015**

Transaction ID : AE34D6B6F86F54F0FB2A

Amount of Each Receipt this Period **115.64**

Payroll Deduction

C. Jennifer L Grow MD
Full Name (Last, First, Middle Initial)

Mailing Address 8375 Maxwell Circle NW

City North Canton State OH Zip Code 44720-8174

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Ohio Corp. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt **04 / 02 / 2015**

Transaction ID : A80800BCAE6684DA4BCC

Amount of Each Receipt this Period **2000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2231.28**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Timothy E Gundlach MD
Full Name (Last, First, Middle Initial)

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173-6774

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : ABDB55DE561FE40E78C2

Amount of Each Receipt this Period **100.00**

Payroll Deduction

B. Peter Haney MD
Full Name (Last, First, Middle Initial)

Mailing Address 200 Chimney Rock

City Houston State TX Zip Code 77024-5606

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **04 / 30 / 2015**

Transaction ID : AEB21586C6EA84E7E9B7

Amount of Each Receipt this Period **83.33**

Payroll Deduction

C. William Hawk
Full Name (Last, First, Middle Initial)

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc. Occupation Div COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1604.19**

Date of Receipt **04 / 15 / 2015**

Transaction ID : A771E67977C6246D1931

Amount of Each Receipt this Period **229.17**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	412.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. William Hawk
Full Name (Last, First, Middle Initial)

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316-2212

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc. Occupation Div COO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1833.36**

Date of Receipt **04 / 30 / 2015**

Transaction ID : AC1AF52A196814CE3A64

Amount of Each Receipt this Period **229.17**

Payroll Deduction

B. Cody Henderson MD
Full Name (Last, First, Middle Initial)

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015-8368

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **04 / 15 / 2015**

Transaction ID : A97BB9D0D28CE43EF9B5

Amount of Each Receipt this Period **50.00**

Payroll Deduction

C. Cody Henderson MD
Full Name (Last, First, Middle Initial)

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015-8368

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : A50F0CD89548D45B792C

Amount of Each Receipt this Period **50.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	329.17
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 38 OF 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. April L Henkel
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 E Coco Plum Circle
 3
 City Plantation State FL Zip Code 33324-3738
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Analyst Business Ops
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 02 / 2015
Transaction ID : A91FC062F23334ADB934
 Amount of Each Receipt this Period
 500.00

B. Cecil Huang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1544 Spring Hill Rd 10542
 City McLean State VA Zip Code 22102-0129
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : AEF5A998E509342CC8F8
 Amount of Each Receipt this Period
 250.00

C. Dominick J Iaconetti MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 386 Nichols Run Ct
 City Great Falls State VA Zip Code 22066-3047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 266.66

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A150F4BDA559549AB973
 Amount of Each Receipt this Period
 83.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 833.33
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Ayne K Iafolla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14220 Cervantes Avenue
 City Darnestown State MD Zip Code 20874-3353
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix of Maryland, P.A. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt: 04 / 30 / 2015
Transaction ID : AB60D8031B9B848E9BA1
 Amount of Each Receipt this Period: 150.00
 Payroll Deduction

B. Victor N Iskersky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Club Colony Cir
 City Blythewood State SC Zip Code 29016-8282
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of South Carol Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **416.66**

Date of Receipt: 04 / 30 / 2015
Transaction ID : A8D636B4AA9D64AE48D0
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

C. Dennis M Jacobs DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Hendon Row Way
 City Fort Mill State SC Zip Code 29715-6904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2015
Transaction ID : A134BB3215D584CC596A
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **458.33**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Paul Jaszewski MD
Full Name (Last, First, Middle Initial)

Mailing Address 19449 Peninsula Shores Drive

City Cornelius	State NC	Zip Code 28031-7583
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A1235E0C9829A440786B

Amount of Each Receipt this Period

75.00

Payroll Deduction

B. Jeffrey M Jekot MD
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Woodcutter's Way

City Austin	State TX	Zip Code 78746-1543
----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of Texas, Inc.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AA4FEDCAA02BB41328DE

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Shannon L Jenkins DO
Full Name (Last, First, Middle Initial)

Mailing Address 3511 N 1590 W

City PLeasant Grove	State UT	Zip Code 84062-9014
------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mountain States Neonatology, Inc.	Occupation Medical Director NICU
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A71CAE30D01C54793859

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Anand D Kantak MD		Date of Receipt
Mailing Address 656 Highlands		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Transaction ID : ACC91143833014E738EE
Bath	OH	
Zip Code		Amount of Each Receipt this Period
44333-2682		<input type="text" value="2000.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Ohio Corp.	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Debra F Kaspar		Date of Receipt
Mailing Address 11224 Handlebar Rd		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A4EC4462A79D74AC5B8C
Reston	VA	
Zip Code		Amount of Each Receipt this Period
20191-3908		<input type="text" value="83.33"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Payroll Deduction
Name of Employer	Occupation	
American Anesthesiology, Inc.	Dir Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="778.39"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Debra F Kaspar		Date of Receipt
Mailing Address 11224 Handlebar Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : AB1FAC812FD844889B99
Reston	VA	
Zip Code		Amount of Each Receipt this Period
20191-3908		<input type="text" value="83.33"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Payroll Deduction
Name of Employer	Occupation	
American Anesthesiology, Inc.	Dir Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="861.72"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2166.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Mark C Katris
Full Name (Last, First, Middle Initial)

Mailing Address 3440 NE 15th Avenue

City State Zip Code
Oakland Park FL 33334-5354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Chief Pilot & AviationMgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt
04 / 15 / 2015
Transaction ID : A6FA08FDEBEB04C8E9EE

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Mark C Katris
Full Name (Last, First, Middle Initial)

Mailing Address 3440 NE 15th Avenue

City State Zip Code
Oakland Park FL 33334-5354

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Chief Pilot & AviationMgr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
04 / 30 / 2015
Transaction ID : AA49606E378B5426EB6E

Amount of Each Receipt this Period
75.00

Payroll Deduction

C. Alexander Kenton MD
Full Name (Last, First, Middle Initial)

Mailing Address 302 W Lynwood Ave

City State Zip Code
San Antonio TX 78212-2592

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1400.00

Date of Receipt
04 / 15 / 2015
Transaction ID : A7F03E789A1104BD2A70

Amount of Each Receipt this Period
200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 43 OF 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Alexander Kenton MD		Date of Receipt
Mailing Address 302 W Lynwood Ave		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Antonio	TX	78212-2592
FEC ID number of contributing federal political committee.		Transaction ID : A08963FEDE1AA4BB7A85
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Elizabeth Krueger MD		Date of Receipt
Mailing Address 2420 Valley Brook Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Nashville	TN	37215-2019
FEC ID number of contributing federal political committee.		Transaction ID : AB4F64E99221A42E6BE4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Tennessee,	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Tony M Lacaze		Date of Receipt
Mailing Address 4342 Indian Creek Ln		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Frisco	TX	75033-0144
FEC ID number of contributing federal political committee.		Transaction ID : A9551631E51F14D32AE3
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	Regional President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1458.31"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="508.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Tony M Lacaze		Date of Receipt 04 / 30 / 2015 Transaction ID : A2C2CC1F16DEA4ECFA3E
Mailing Address 4342 Indian Creek Ln		Amount of Each Receipt this Period 208.33
City Frisco	State TX	Zip Code 75033-0144
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Full Name (Last, First, Middle Initial) B. Michael J Lang MD		Date of Receipt 04 / 30 / 2015 Transaction ID : A7FD90803E8584DE8926
Mailing Address 10422 E Windrose Drive		Amount of Each Receipt this Period 100.00
City Scottsdale	State AZ	Zip Code 85259-2422
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Phoenix, P.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Stewart Lawrence MD		Date of Receipt 04 / 15 / 2015 Transaction ID : A3CB8E5D3F0F54BD6B24
Mailing Address 2555 E Plateau Drive		Amount of Each Receipt this Period 62.50
City Boise	State ID	Zip Code 83712-7562
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 437.50	

SUBTOTAL of Receipts This Page (optional).....▶	370.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Stewart Lawrence MD
Full Name (Last, First, Middle Initial)
Mailing Address 2555 E Plateau Drive
City Boise State ID Zip Code 83712-7562
FEC ID number of contributing federal political committee. **C**
Name of Employer Mountain States Neonatology, Inc. Occupation Neonatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 30 / 2015
Transaction ID : AB16EC4C45C3B478C91F
Amount of Each Receipt this Period 62.50
Payroll Deduction

B. Vicki Leamy
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Sheep Creek Rd
City Bedford State VA Zip Code 24523-5891
FEC ID number of contributing federal political committee. **C**
Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Adv Practioners
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 437.50

Date of Receipt 04 / 15 / 2015
Transaction ID : A267ABBE9A7BB48EEB7E
Amount of Each Receipt this Period 62.50
Payroll Deduction

C. Vicki Leamy
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Sheep Creek Rd
City Bedford State VA Zip Code 24523-5891
FEC ID number of contributing federal political committee. **C**
Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Adv Practioners
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500.00

Date of Receipt 04 / 30 / 2015
Transaction ID : AFE18595B71B149AAABF
Amount of Each Receipt this Period 62.50
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 187.50
TOTAL This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Eric Leung MD
Full Name (Last, First, Middle Initial)

Mailing Address 2720 Boyer Ave E
1900

City Seattle State WA Zip Code 98102-3932

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of Washington, Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
04 / 30 / 2015
Transaction ID : AE076DD8EAB3A44A199B

Amount of Each Receipt this Period
200.00

Payroll Deduction

B. Peter Levine
Full Name (Last, First, Middle Initial)

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327-2385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Sr Regional Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700.00

Date of Receipt
04 / 15 / 2015
Transaction ID : A0F0A93677743412797E

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Peter Levine
Full Name (Last, First, Middle Initial)

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327-2385

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. Sr Regional Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
04 / 30 / 2015
Transaction ID : A98C5F281267D4D6B80E

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 400.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Beverly Gail Lim		Date of Receipt
Mailing Address 201 NE 4th Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boca Raton	FL	33432-4033
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	VP Business Expansion	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1600.00"/>	
		Transaction ID : A3928442B585B4608BE1
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Charles Long MD		Date of Receipt
Mailing Address 134 Perrin Place Apt 3A		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28207-2222
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Anesthesiology of the Southea	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : ADAF84BEFBE374C26AEE
		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Lisa A LowerySmith MD		Date of Receipt
Mailing Address 7821 Night Hawk Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chattanooga	TN	37421-7304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Tennessee,	Corp Med Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2666.68"/>	
		Transaction ID : A7B2DEF738F634BE199D
		Amount of Each Receipt this Period
		<input type="text" value="666.67"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1141.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Charles Lynch
Full Name (Last, First, Middle Initial)

Mailing Address 7789 NW 112th Way

City Parkland	State FL	Zip Code 33076-4712
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation VP Strategy & Inv Relat
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2015

Transaction ID : AC51623F05DA946199B3

Amount of Each Receipt this Period
1000.00

B. Gerald Maccioli MD
Full Name (Last, First, Middle Initial)

Mailing Address 3903 Laurel Manor Ct

City Raleigh	State NC	Zip Code 27612-4279
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of North Carol	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AEAD72A867E534D04A11

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Robert Manning
Full Name (Last, First, Middle Initial)

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale	State FL	Zip Code 33301-1212
-----------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation VP Business Development
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
315.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : A53317C8A269A4579BB3

Amount of Each Receipt this Period
45.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Robert Manning

Mailing Address 430 NE 8th Avenue

City State Zip Code
Ft Lauderdale FL 33301-1212

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. VP Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360.00

Date of Receipt
04 / 30 / 2015

Transaction ID : A73B930C5D4FC4296826

Amount of Each Receipt this Period
45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Bruce Manno

Mailing Address 1257 Ginger Circle

City State Zip Code
Weston FL 33326-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Dir Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
915.95

Date of Receipt
04 / 15 / 2015

Transaction ID : A5548B2D1F78B4DC2BF0

Amount of Each Receipt this Period
130.85

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Bruce Manno

Mailing Address 1257 Ginger Circle

City State Zip Code
Weston FL 33326-3630

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Dir Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1046.80

Date of Receipt
04 / 30 / 2015

Transaction ID : AAE3035B9A67B4E33953

Amount of Each Receipt this Period
130.85

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **306.70**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Eric W Mason MD
Full Name (Last, First, Middle Initial)

Mailing Address 333 Las Olas Way
Apt 3005

City Ft Lauderdale State FL Zip Code 33301-2390

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.68

Date of Receipt
04 / 30 / 2015
Transaction ID : AB6B91EC2996E45369B7

Amount of Each Receipt this Period
416.67

Payroll Deduction

B. Stefan R Maxwell MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Chatham Road

City Charleston State WV Zip Code 25304-2763

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, P.C. Occupation Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.68

Date of Receipt
04 / 30 / 2015
Transaction ID : A545FA1C9CDE747108A3

Amount of Each Receipt this Period
416.67

Payroll Deduction

c. Jorge McCormack MD
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brightwaters Circle NE

City St Petersburg State FL Zip Code 33704-3729

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Florida, In Occupation Pediatric Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2015
Transaction ID : AED1D3DC641BB4C89B54

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	933.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Harlan McCulloch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7528 Waterview Drive
 City Cornelius State NC Zip Code 28031-8644
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : A768B47B977654D338E5
 Amount of Each Receipt this Period **75.00**
 Payroll Deduction

B. Bahman Mehdizadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25470 Prado De Las Bellotas
 City Calabasas State CA Zip Code 91302-3658
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of California, Occupation Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : A687FFF8C5F014712B71
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

c. Hugh Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 N Secret Canyon Drive
 City Tucson State AZ Zip Code 85718-1434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Arizona, P. Occupation Medical Director PERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **04 / 30 / 2015**
Transaction ID : AAB5203F5F92C4ADC83F
 Amount of Each Receipt this Period **150.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	325.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Melissa P Montague
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Geese Landing
 City State Zip Code
 Glen Allen VA 23060-5875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 665.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 15 / 2015
Transaction ID : AAB31F3F064624001AA0
 Amount of Each Receipt this Period
 95.00
 Payroll Deduction

B. Melissa P Montague
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Geese Landing
 City State Zip Code
 Glen Allen VA 23060-5875
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A81A23C3F940844CDB59
 Amount of Each Receipt this Period
 95.00
 Payroll Deduction

C. Phillip L Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 Dimock Way
 City State Zip Code
 Wake Forest NC 27587-1653
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of North Carol Chief Anesthetist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 10 / 2015
Transaction ID : A2E236AED20BD4295AB2
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Phillip L Morris

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587-1653

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of North Carol Occupation Chief Anesthetist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : A1A82461A18FE43D1BDE

Amount of Each Receipt this Period
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Ronald A Naglie MD

Mailing Address 25135 Stageline Dr

City Laguna Hills State CA Zip Code 92653-5883

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of California, Occupation Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A5C8FE53F5B91481AB35

Amount of Each Receipt this Period
150.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Vijay Nama MD

Mailing Address 3101 Kennison Court

City Plano State TX Zip Code 75093-3451

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc. Occupation Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1664.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : A2D81EABCB9C9415D8E7

Amount of Each Receipt this Period
416.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **616.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Kathleen S O'Hara
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Azalea Ct
 City Plantation State FL Zip Code 33317-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Coding
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **350.00**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : AED3CA7D3165240A095B
 Amount of Each Receipt this Period: **50.00**
 Payroll Deduction

B. Kathleen S O'Hara
 Full Name (Last, First, Middle Initial)
 Mailing Address 760 Azalea Ct
 City Plantation State FL Zip Code 33317-1804
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Coding
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : A3156E8DF8E594B16A73
 Amount of Each Receipt this Period: **50.00**
 Payroll Deduction

C. Amil Ortiz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 139 Park Ridge
 City Boerne State TX Zip Code 78006-5712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **312.51**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : A46CAA06969724F4C87D
 Amount of Each Receipt this Period: **104.17**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **204.17**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Amil Ortiz MD
Full Name (Last, First, Middle Initial)

Mailing Address 139 Park Ridge

City Boerne State TX Zip Code 78006-5712

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
416.68

Date of Receipt
04 / 30 / 2015
Transaction ID : AD283A61310A34FFA856

Amount of Each Receipt this Period
104.17

Payroll Deduction

B. Carey D Osborne
Full Name (Last, First, Middle Initial)

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431-8417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
04 / 15 / 2015
Transaction ID : A3E8C7CA0F312423A920

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. Carey D Osborne
Full Name (Last, First, Middle Initial)

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431-8417

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
04 / 30 / 2015
Transaction ID : A0CB103AD16054FD2833

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 224.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Brian J Palank JRMD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A54C5EB1C3FC44EBF807
Mailing Address 1100 Metropolitan Ave Unit 403		Amount of Each Receipt this Period 75.00
City Charlotte	State NC	Zip Code 28204-3408
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Michael S Paranka MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A8E6A9EBAE5C2416E83B
Mailing Address 10126 Summit View Pt		Amount of Each Receipt this Period 100.00
City Highland Ranch	State CO	Zip Code 80126-5516
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Hanoch Patt MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A35592B59D97C43E19FD
Mailing Address 3005 Scenic Drive		Amount of Each Receipt this Period 416.67
City Austin	State TX	Zip Code 78703-1057
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Corporate Medical Directr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	

SUBTOTAL of Receipts This Page (optional).....▶	591.67
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 57 OF 96
(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

A. Darren Patz
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NE 99th Street
 City Miami Shores State FL Zip Code 33138-2434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1458.31

Date of Receipt 04 / 15 / 2015
Transaction ID : AF04587E3518E434CB82
 Amount of Each Receipt this Period 208.33
 Payroll Deduction

B. Darren Patz
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NE 99th Street
 City Miami Shores State FL Zip Code 33138-2434
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Government Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 04 / 30 / 2015
Transaction ID : A996E3C12D1724C67A4F
 Amount of Each Receipt this Period 208.33
 Payroll Deduction

C. Joshua A Peck
 Full Name (Last, First, Middle Initial)
 Mailing Address 1319 SW 5th Ave 904
 City Boca Raton State FL Zip Code 33432-7146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology, Inc. Occupation Dir Practice Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 15 / 2015
Transaction ID : A0FBA55A7D0F44A37B14
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 466.66
TOTAL This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 58 OF 96
(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 (Last, First, Middle Initial)
A. Joshua A Peck

Mailing Address 1319 SW 5th Ave
904

City State Zip Code
Boca Raton FL 33432-7146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
American Anesthesiology, Inc. Dir Practice Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **AA0AE2108FBA44F9087C**

Amount of Each Receipt this Period
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. John Pepia

Mailing Address 20160 Ocean Key Dr

City State Zip Code
Boca Raton FL 33498-4529

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Mednax Services, Inc. VP Accounting & Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **A757DE5B09CC9411EBCF**

Amount of Each Receipt this Period
400.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Manuel Peregrino MD

Mailing Address 23 Westwind Drive

City State Zip Code
Lemoyne PA 17043-1234

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group of Pennsylvani Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **ACCE31EADF5124AE7B1B**

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Carlos Perez MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11913

City San Juan State PR Zip Code 00922-1913

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, S.P. Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.68

Date of Receipt
04 / 30 / 2015
Transaction ID : AB33992BC70E741E4854

Amount of Each Receipt this Period
416.67

Payroll Deduction

B. Jose A PerezDiaz
Full Name (Last, First, Middle Initial)

Mailing Address Cond Pine Grove Apt 44a

City Carolina State PR Zip Code 00979-7019

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, S.P. Dir Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2015
Transaction ID : A7E5FC7C6527640CF96C

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Curtis B Pickert MD
Full Name (Last, First, Middle Initial)

Mailing Address 1801 N Greenville Avenue Unit 3132

City Richardson State TX Zip Code 75081-1605

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Pediatrix Medical Group, Inc. CMO Western Division

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
04 / 03 / 2015
Transaction ID : ADDF7A2E88B2A40318AA

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5516.67

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Maria R Pierce MD
Full Name (Last, First, Middle Initial)
Mailing Address 33 W Elm Circle

City San Antonio	State TX	Zip Code 78230-2638
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

Date of Receipt
04 / 15 / 2015
Transaction ID : A6BD9BA006074408ABC9

Amount of Each Receipt this Period
208.33

Payroll Deduction

B. Maria R Pierce MD
Full Name (Last, First, Middle Initial)
Mailing Address 33 W Elm Circle

City San Antonio	State TX	Zip Code 78230-2638
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

Date of Receipt
04 / 30 / 2015
Transaction ID : A30F86C81E35B45E7B7B

Amount of Each Receipt this Period
208.33

Payroll Deduction

C. Arnold Poole
Full Name (Last, First, Middle Initial)
Mailing Address 12149 Huske Road

City Stony Creek	State VA	Zip Code 23882-3026
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President East	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1360.55	

Date of Receipt
04 / 15 / 2015
Transaction ID : A1E7BA74B1C7941D8B72

Amount of Each Receipt this Period
208.33

SUBTOTAL of Receipts This Page (optional).....▶	624.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Arnold Poole		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address 12149 Huske Road		Transaction ID : A4A2CE7FCDB2B42C0826
City Stony Creek	State VA	Zip Code 23882-3026
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 208.33	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President East	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1568.88	

Full Name (Last, First, Middle Initial) B. George Powers MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 15 / 2015
Mailing Address 109 Sequoia Drive		Transaction ID : AB95EC8DAA34A44B789C
City San Antonio	State TX	Zip Code 78232-2216
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

Full Name (Last, First, Middle Initial) C. George Powers MD		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2015
Mailing Address 109 Sequoia Drive		Transaction ID : A434ACA37602046E4956
City San Antonio	State TX	Zip Code 78232-2216
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	408.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Richard Powers MD
Full Name (Last, First, Middle Initial)

Mailing Address 110 Gemini Ct

City	State	Zip Code
Los Gatos	CA	95032-5141

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Pediatrix Medical Group of California,	Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A6F59A03F935F45D8AC3

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. Mark P Preziosi MD
Full Name (Last, First, Middle Initial)

Mailing Address 3144 Legends Circle

City	State	Zip Code
Lakeland	FL	33803-5432

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Pediatrix Medical Group of Florida, In	Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A88084B8761DB4C04928

Amount of Each Receipt this Period

85.00

Payroll Deduction

C. Jeanne Proia
Full Name (Last, First, Middle Initial)

Mailing Address 4441 NE 30th Terr

City	State	Zip Code
Lighthouse Pt	FL	33064-7229

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Mednax Services, Inc.	VP Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AA4F7CAA410A745CEB69

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Jeanne Proia
Full Name (Last, First, Middle Initial)

Mailing Address 4441 NE 30th Terr

City Lighthouse Pt State FL Zip Code 33064-7229

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation VP Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 30 / 2015
Transaction ID : A3F9FFE8C313F4C408D3

Amount of Each Receipt this Period 50.00

Payroll Deduction

B. Alison Protain MD
Full Name (Last, First, Middle Initial)

Mailing Address 8105 Saint Rosario Place

City Canfield State OH Zip Code 44406-8057

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Ohio Corp. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 02 / 2015
Transaction ID : A82832BE122C54E839C8

Amount of Each Receipt this Period 2000.00

C. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Luberon Drive

City Henderson State NV Zip Code 89044-0362

FEC ID number of contributing federal political committee. **C**

Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 15 / 2015
Transaction ID : A83321604FB7846A684B

Amount of Each Receipt this Period 50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)
Mailing Address 2581 Luberon Drive

City Henderson	State NV	Zip Code 89044-0362
-------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pokroy Medical Group of Nevada, Ltd.	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A89FB3F024E0D4D6D9AC

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Evelyn Rider MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Meadowlark Ridge Rd

City Great Falls	State MT	Zip Code 59405-5532
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Neonatology Associates, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : A0F2ABF8FA8E9481F949

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Evelyn Rider MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Meadowlark Ridge Rd

City Great Falls	State MT	Zip Code 59405-5532
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Alaska Neonatology Associates, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AEF62FA47ECF94E31AA0

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Audelio Rivera MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6025 Cervinus Run
 City Austin State TX Zip Code 78735-6101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 04 / 02 / 2015
Transaction ID : ABCFBA8D2321E48B8823
 Amount of Each Receipt this Period: 1000.00

B. Cheryl Robinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1530 Wyatt Court
 City Reno State NV Zip Code 89521-6139
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pokroy Medical Group of Nevada, Ltd. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2015
Transaction ID : A3D8807BF465D454BBE5
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

C. Louis A Romagnoli
 Full Name (Last, First, Middle Initial)
 Mailing Address 7730 Hanahan Place
 City Lake Worth State FL Zip Code 33467-7720
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mednax Services, Inc. Occupation: Dir Benefits
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **650.00**

Date of Receipt: 04 / 15 / 2015
Transaction ID : A4B40AF1FA7804F34A0D
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1150.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Louis A Romagnoli
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467-7720

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : AE7D658E6ACA44BEA9F4

Amount of Each Receipt this Period **50.00**

Payroll Deduction

B. Brian Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076-1860

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **04 / 15 / 2015**

Transaction ID : A7612BEF8BD5B4B11BB8

Amount of Each Receipt this Period **30.00**

Payroll Deduction

C. Brian Rosenberg
Full Name (Last, First, Middle Initial)

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076-1860

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **04 / 30 / 2015**

Transaction ID : A478BC60161024F1A8C5

Amount of Each Receipt this Period **30.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **110.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. James R Rost MD
Full Name (Last, First, Middle Initial)

Mailing Address 604 Firehouse Lane

City Gaithersburg State MD Zip Code 20878-5669

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix of Maryland, P.A. Occupation: Corp Med Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 02 / 2015
Transaction ID : A82D2CF3E9F154F0B824

Amount of Each Receipt this Period: 600.00

B. David Salama MD
Full Name (Last, First, Middle Initial)

Mailing Address 16741 100 Norman Place

City Cornelius State NC Zip Code 28031-8679

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2015
Transaction ID : A541014A4328B4401AC7

Amount of Each Receipt this Period: 75.00

Payroll Deduction

C. Vincent K Samuel
Full Name (Last, First, Middle Initial)

Mailing Address 786 Harbor Isle Circle West

City Memphis State TN Zip Code 38103-0824

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of Tennessee Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 02 / 2015
Transaction ID : A7D015DF3E8C9475ABEF

Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional).....▶	975.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Idelsi Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029-2720
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **646.59**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AE0A87601B67D4EFE865

Amount of Each Receipt this Period

92.37

Payroll Deduction

B. Idelsi Sanchez
Full Name (Last, First, Middle Initial)

Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029-2720
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **738.96**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AB2FA4D9176F14BC5905

Amount of Each Receipt this Period

92.37

Payroll Deduction

C. Debra Sansoucie
Full Name (Last, First, Middle Initial)

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda	State FL	Zip Code 33950-7670
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AE978F1716DAC4DE09D6

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	247.24
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Debra Sansoucie		Date of Receipt
Mailing Address 3663 Whipoorwill Blvd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Punta Gorda	FL	33950-7670
FEC ID number of contributing federal political committee.		Transaction ID : AE8EE1C3B2560437D898
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	VP AdvPr Program	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Hector L Santiago MD		Date of Receipt
Mailing Address 3744 Nottingham Street		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Houston	TX	77005-2026
FEC ID number of contributing federal political committee.		Transaction ID : A0DFBA4EF7F9149C5B67
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
American Anesthesiology of Texas, Inc.	Medical Director Anesth	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Scott Schachinger DO		Date of Receipt
Mailing Address 4429 Lakeview Glen Dr		<input type="text" value="04"/> / <input type="text" value="02"/> / <input type="text" value="2015"/>
City	State	Zip Code
Medina	OH	44256-6510
FEC ID number of contributing federal political committee.		Transaction ID : AD60F89D5A40942C0BBF
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2000.00"/>
Name of Employer	Occupation	
Pediatrix Medical Group of Ohio Corp.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2562.50"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. John Todd Scharnberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5301 Park Hollow Ln
 City Austin State TX Zip Code 78746-1251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt: **04 / 02 / 2015**
Transaction ID : A443548E47C64402D97D
 Amount of Each Receipt this Period: **2500.00**

B. Jonathan Schwartz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3740 Saltmeadow Court South
 City Jacksonville State FL Zip Code 32224-9652
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : AFCC29A117BF945E194D
 Amount of Each Receipt this Period: **60.00**
 Payroll Deduction

C. Clair A Schwendeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17616 Ivy Hill Drive
 City Dallas State TX Zip Code 75287-7561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt: **04 / 15 / 2015**
Transaction ID : AA6700A8AC53A4348B57
 Amount of Each Receipt this Period: **100.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2660.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Clair A Schwendeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17616 Ivy Hill Drive
 City Dallas State TX Zip Code 75287-7561
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 04 / 30 / 2015
Transaction ID : AA6EF5E70A9AB4494A6B
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

B. Alvin D Sewell
 Full Name (Last, First, Middle Initial)
 Mailing Address 104 Forest Place
 City Forsyth State GA Zip Code 31029-5517
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Georgia, LL Medical Director Anesth
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 04 / 02 / 2015
Transaction ID : AE47C09E9884B4FC39CE
 Amount of Each Receipt this Period
 300.00

C. Richard A Sidebottom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Byron Nelson Pkwy
 City Southlake State TX Zip Code 76092-9547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 04 / 30 / 2015
Transaction ID : A0147952C89094531A58
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Andrew P South MD

Mailing Address 142 Brandywine Drive

City Hudson State OH Zip Code 44236-2286

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of Ohio Corp. Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 04 / 02 / 2015
Transaction ID : AE41BEEDB3C954ACB812

Amount of Each Receipt this Period: 2000.00

Full Name (Last, First, Middle Initial)
B. Craig Steiner MD

Mailing Address 4709 Camargo Court

City College Station State TX Zip Code 77845-4405

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 30 / 2015
Transaction ID : AFA523BC5CBBF42508C4

Amount of Each Receipt this Period: 125.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Julia L Stones

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308-1017

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mednax Services, Inc. Occupation: Dir Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt: 04 / 15 / 2015
Transaction ID : ACFDC5D94A90843E9BA6

Amount of Each Receipt this Period: 85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2210.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Julia L Stones
 Full Name (Last, First, Middle Initial)
 Mailing Address 6541 Ne 20 Terrace
 City Ft Lauderdale State FL Zip Code 33308-1017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 04 / 30 / 2015
Transaction ID : A77C1CE87B1D64EF8B25
 Amount of Each Receipt this Period 85.00
 Payroll Deduction

B. Milissa Stubbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 NE 48th Court
 City Lighthouse Point State FL Zip Code 33064-7940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Portfolio Strat & Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 729.19

Date of Receipt 04 / 15 / 2015
Transaction ID : A6568F001725E45CE9D7
 Amount of Each Receipt this Period 104.17
 Payroll Deduction

C. Milissa Stubbs
 Full Name (Last, First, Middle Initial)
 Mailing Address 2751 NE 48th Court
 City Lighthouse Point State FL Zip Code 33064-7940
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation VP Portfolio Strat & Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.36

Date of Receipt 04 / 30 / 2015
Transaction ID : A92871625976646B1A14
 Amount of Each Receipt this Period 104.17
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 293.34
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 74 OF 96
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Terrence J Sweeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 17th Avenue East
 City Seattle State WA Zip Code 98112-3921
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Washington, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 560.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A5F69F1B82994489E84A
 Amount of Each Receipt this Period
 140.00
 Payroll Deduction

B. Bannie Lee Tabor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Still Meadow Drive
 City Ft Worth State TX Zip Code 76132-3806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director PERI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A3FDB9D7F93744D2DBE4
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

C. B Keith Taylor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 108 Linden Avenue
 City Lynchburg State VA Zip Code 24503-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, P.C. Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A25A08F35C2854F87B64
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	440.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 7643 NW 122nd Drive

City Parkland	State FL	Zip Code 33076-4542
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1162.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : A53D222F2B29F4775B03

Amount of Each Receipt this Period
166.00

Payroll Deduction

B. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 7643 NW 122nd Drive

City Parkland	State FL	Zip Code 33076-4542
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : A1DC8460E235E491E90D

Amount of Each Receipt this Period
166.00

Payroll Deduction

C. Scott Tisdell MD
Full Name (Last, First, Middle Initial)
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 Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
909.08

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AF303A67E2AF744B2B98

Amount of Each Receipt this Period
227.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	559.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Joe Toney MD

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111-1426

FEC ID number of contributing federal political committee. **C**

Name of Employer: Obstetrix Medical Group of Colorado, P
Occupation: Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : AA05811BC1CAE4B42A10

Amount of Each Receipt this Period: **200.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Susan F Townsend MD

Mailing Address 891 14th St Unit 3710

City Denver State CO Zip Code 80202-3283

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pediatrix Medical Group of Colorado, P
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : AF118A3DE113249D1AB7

Amount of Each Receipt this Period: **125.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Robert M Treadway MD

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612-5240

FEC ID number of contributing federal political committee. **C**

Name of Employer: American Anesthesiology of North Carol
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2015**
Transaction ID : A29596405D1204678A79

Amount of Each Receipt this Period: **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **425.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Gary A Twiggs MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : ADE77C4B79AA84B02979
Mailing Address 24761 Judi Court Ste 4000		Amount of Each Receipt this Period 416.67
City Laguna Niguel	State CA	Zip Code 92677-6038
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.68	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Julio Vallette MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : AB70B03BE5A5C4FD4B76
Mailing Address 400 Normandy Dr		Amount of Each Receipt this Period 500.00
City Indialantic	State FL	Zip Code 32903-4014
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Corp Med Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Alfonso Vargas MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A22AE55B38C154A55BEC
Mailing Address 410 Starfire Causeway		Amount of Each Receipt this Period 100.00
City Oldsmar	State FL	Zip Code 34677-4015
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	1016.67
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Martin P Walker MD

Mailing Address 7960 Simonds Road NE

City Kenmore State WA Zip Code 98028

FEC ID number of contributing federal political committee. **C**

Name of Employer: Obstetrix Medical Group of Washington, Occupation: Practice Med DirPERI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 30 / 2015**

Transaction ID : A26E1EF4B20B6450A98B

Amount of Each Receipt this Period: **125.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Brian Walsh

Mailing Address 5301 NW 2nd Ave 102

City Boca Raton State FL Zip Code 33487-3805

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mednax Services, Inc., Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.51**

Date of Receipt: **04 / 15 / 2015**

Transaction ID : A03A7BC156DC74BC7A77

Amount of Each Receipt this Period: **104.17**

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Brian Walsh

Mailing Address 5301 NW 2nd Ave 102

City Boca Raton State FL Zip Code 33487-3805

FEC ID number of contributing federal political committee. **C**

Name of Employer: Mednax Services, Inc., Occupation: Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt: **04 / 30 / 2015**

Transaction ID : A2633453A566E46CE9B7

Amount of Each Receipt this Period: **104.17**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **333.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Mary Wearden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22535 Lynridge
 City San Antonio State TX Zip Code 78260-7747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 04 / 15 / 2015
Transaction ID : AC674697F2B014BD8BEE
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

B. Mary Wearden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22535 Lynridge
 City San Antonio State TX Zip Code 78260-7747
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 04 / 30 / 2015
Transaction ID : AB8FE12401CF34A11894
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

c. William Wegh DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1812 Funny Cide Ln
 City Waxhaw State NC Zip Code 28173-8288
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist Assoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 30 / 2015
Transaction ID : A1406DE5DADDD4A64994
 Amount of Each Receipt this Period: 75.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

A. Mike Williams
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City Glen Allen	State VA	Zip Code 23059-1830
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : AF6B05F8C14184E8E873

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. Mike Williams
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City Glen Allen	State VA	Zip Code 23059-1830
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2015

Transaction ID : AC96B74BF512D4B2E8B8

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Bonnie Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv
Blv

City Fort Lauderdale	State FL	Zip Code 33316-3835
-------------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel
---	-----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2015

Transaction ID : A42D2A4602382427DB0F

Amount of Each Receipt this Period

125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	325.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Bonnie Wilson		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A9C2C7DA0984944E590A
Mailing Address 2100 South Ocean Blv Blv		Amount of Each Receipt this Period 125.00
City Fort Lauderdale	State FL	Zip Code 33316-3835
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Janet G Wingkun MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A0D8A7408F4E247CCB74
Mailing Address 1178 Breakers West Bld		Amount of Each Receipt this Period 83.34
City West Palm Beach	State FL	Zip Code 33411-1884
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.36	

Full Name (Last, First, Middle Initial) C. Peter K Wu MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2015 Transaction ID : A16E77F7CD41E401894F
Mailing Address 908 Symphony Circle SW		Amount of Each Receipt this Period 100.00
City Vienna	State VA	Zip Code 22180-5960
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	308.34
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 82 OF 96
(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

A. Gary L Yup MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Fireside Circle
 City Reno State NV Zip Code 89509-3514
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : AD8708A69F97B4CDE81B
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

B. Terrance J Zuerlein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Fontenay Circle
 City Little Rock State AR Zip Code 72223-9569
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Arkansas, P Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2015
Transaction ID : A22758EFB322643038F7
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	62199.71

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 83 OF 96
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
------------------------------	------------------------------	---	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Mednax, Inc

Mailing Address 1301 Concord Ter

City Sunrise State FL Zip Code 33323-2843

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **604.19**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
04 / 03 / 2015

Transaction ID : A314B7E4A7BA64FECB01

Amount of Each Receipt this Period
67.49

Reimbursement of March bank fees

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	67.49
TOTAL This Period (last page this line number only).....▶	67.49

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Transaction ID : B8AAC1FF1C3514C14AEE

Amount of Each Disbursement this Period

49.43

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

49.43

49.43

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Political Contribution to be allocated \$15,000 to NRCC Building Fund

Candidate Name

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) Other2015

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : BEFCA5996F802488E802

Amount of Each Disbursement this Period

15000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

Rep. George E.B. Holding

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify)

State: NC District: 13

Date of Disbursement

M M / D D / Y Y Y Y Y Y
04 / 08 / 2015

Transaction ID : B662A4876A2A24423B34

Amount of Each Disbursement this Period

1000.00

Category/
Type

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

16000.00

16000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andy Biggs For AZ Senate

Mailing Address 1700 West Washington
Room 200

City Phoenix State AZ Zip Code 85007-2818

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : B47BCF045CBE4499AB54

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. BoyerAZ.com

Mailing Address 2244 W. Michigan Ave.

City Phoenix State AZ Zip Code 85023-1230

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : B3455E930BA62499BB54

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bradley for Arizona

Mailing Address 5909 E. 3rd St.

City Tucson State AZ Zip Code 85711-1522

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : B402CCA0BC03746B1A2C

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dr Friese for House

Mailing Address PO Box 64925

City Tucson State AZ Zip Code 85728

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : B375A9D94E0CE463EAB9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ducey 2014

Mailing Address PO Box 12558

City Tempe State AZ Zip Code 85258

Purpose of Disbursement
Political Contribution- 2014 Debt Retirement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : BBB949E65D06B4AD7AAA

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Elect Eric Meyer

Mailing Address 7765 N. Foothill Dr. S.

City Paradise Valley State AZ Zip Code 85253-3067

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : B161AEDD57A7F4CF0893

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Elect Hobbs

Mailing Address 837 E Windsor Ave

City Phoenix State AZ Zip Code 85006

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **B6A3D279570864A2CA53**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Elect Justin Olson

Mailing Address 524 N 38th St

City Mesa State AZ Zip Code 85205

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **B58A65ACE92B247BDA2D**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Elect Regina E.Cobb

Mailing Address 921 Crestwood Ln

City Kingman State AZ Zip Code 86409

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : **BFEC8B8DCDD24660AB**

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Caleb Jones

Mailing Address P.O. Box 5

City State Zip Code
California MO 65018-0005

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2015

Transaction ID : B5B3001735B1741E0BB5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Kirk Cox

Mailing Address P.O. Box 1205

City State Zip Code
Colonial Heights VA 23834-9205

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2015

Transaction ID : B7ED06A9428684A10A07

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Friends of Tim Hugo

Mailing Address P.O. Box 893

City State Zip Code
Centreville VA 20122-0893

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2015

Transaction ID : B19B76956C5254A20B40

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gowan for AZ

Mailing Address PO Box 1985

City State Zip Code
Sierra Vista AZ 85636-1985

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
04 / 30 / 2015

Transaction ID : B9853C6767C86481E8B0

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Griffin for Senate 2016

Mailing Address PO Box 628

City State Zip Code
Hereford AZ 85615

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
04 / 30 / 2015

Transaction ID : B1E7C5E1ADDC049B8A09

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Howell for Delegate

Mailing Address 106 Carter St

City State Zip Code
Fredericksburg VA 22405-2308

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
04 / 10 / 2015

Transaction ID : B6BA507A7FFCB4A9F8DF

Amount of Each Disbursement this Period

1000.00

Category/
Type

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jay Lawrence 16

Mailing Address 9385 E Laurel Ln

City State Zip Code
Scottsdale AZ 85260

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : B3779C5E5461F494FB11

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Kilgore for Delegate

Mailing Address P.O. Box 669

City State Zip Code
Gate City VA 24251-0669

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : B5D3A2630B6C442E9B60

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Kimberly Yee for Arizona

Mailing Address PO Box 83561

City State Zip Code
Phoenix AZ 85071-3561

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : B3BBB28E9BFB74CE3B8E

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lynne Pancrazi 2016

Mailing Address 3748 W 18th Pl

City Yuma State AZ Zip Code 85364

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : BDF25667FE2744A39B67

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. McDougle for Virginia

Mailing Address PO Box 187

City Mechanicsville State VA Zip Code 23111-0187

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 10 / 2015

Transaction ID : B3C202AAB09794365A86

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. McEachin for Senate

Mailing Address 4719 Nine Mile Road

City Richmond State VA Zip Code 23223-4908

Purpose of Disbursement
Political Contribution - Primary 2015

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 29 / 2015

Transaction ID : BD2D2E3CE419B42CFA32

Amount of Each Disbursement this Period

750.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2750.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nancy Barto For State Senate

Mailing Address 3634 E. Rockward Drive

City Phoenix State AZ Zip Code 85050

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : B75250BDD56F84FB7A0D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Peace for Delegate

Mailing Address P.O. Box 819

City Mechanicsville State VA Zip Code 23111-0819

Purpose of Disbursement
Political Contribution - Primary 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 24 / 2015

Transaction ID : B164AA84422E74BFA9E0

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Re-elect Debbie Lesko

Mailing Address PO Box 6693

City Glendale State AZ Zip Code 85312

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2015

Transaction ID : B104D41CC7A814539A07

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Shooter for Senate

Mailing Address 2901 S Palo Verde Ln Unit 42

City Yuma State AZ Zip Code 85365

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : BE3A663C88FD44A61A47

Amount of Each Disbursement this Period

1000.00

B. Stevens for AZ

Mailing Address PO Box 13

City Sierra Vista State AZ Zip Code 85636

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2015

Transaction ID : BC58E7B7090E144C7A01

Amount of Each Disbursement this Period

1000.00

C. Stronger Together

Mailing Address PO Box 597

City Richmond State VA Zip Code 23218-0597

Purpose of Disbursement
Political Contribution- 2015

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2015

Transaction ID : BAFB45EF5F42845F88F3

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Virginia First PAC

Mailing Address 211 East High Street

City Charlottesville State VA Zip Code 22902-5515

Purpose of Disbursement
Political Contribution- 2015

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	5

Transaction ID : **B7F8326BEA6E84BFB963**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. VOTE Heather Carter

Mailing Address 28248 N. Tatum Blvd.
Ste. B1-299

City Cave Creek State AZ Zip Code 85331-6343

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : **B703F248A5F1D41579C6**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Vote Livingston LD22

Mailing Address 9559 W Menadota Dr

City Peoria State AZ Zip Code 85382

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	1	5

Transaction ID : **B9D579FC866C347E0BFB**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Vote Montenegro

Mailing Address PO Box 2275

City Litchfield Park State AZ Zip Code 85340

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : B7ED3AFE8141D4F7B9CF

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Yarbrough/Senate

Mailing Address 2241 E Pecos Rd

City Chandler State AZ Zip Code 85225

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : B38E381ECD8794EBB8B5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

2000.00

32750.00
