



**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"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="679580.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="33532.21"/>	<input type="text" value="561536.59"/>
(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="713112.59"/>	<input type="text" value="1070639.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="57467.67"/>	<input type="text" value="414994.63"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="655644.92"/>	<input type="text" value="655644.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Page 3

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).....	31721.44	502655.30
(ii) Unitemized .....	1626.83	55503.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33348.27	558159.22
(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) .....	33348.27	558159.22
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).....	183.94	877.37
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2500.00
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))..... ▶	33532.21	561536.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33532.21	561536.59

**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 .....	42.67	919.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	42.67	919.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	191000.00
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 .....	31425.00	223075.00
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)) ..	57467.67	414994.63
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	57467.67	414994.63

**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) .....	33348.27	558159.22
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33348.27	558159.22
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	42.67	919.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	183.94	877.37
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-141.27	42.26

**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 6 OF 92
<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**

**A. Pascal Goldschmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 NW 14th Street  
 Third Floor, Suite 360  
 City Miami State FL Zip Code 33136-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leonard M. Miller School of Medicine a  
 Occupation Senior Vice President for Medical Affa  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 07 / 01 / 2015  
**Transaction ID : A469A98556FC44B8E97E**  
 Amount of Each Receipt this Period 1250.00  
 Payroll Deduction: \$1250.00/Bi-Monthly

**B. Ronda K Ash**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3927 Lawson Blvd  
 City Delray Beach State FL Zip Code 33445-5650  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc.  
 Occupation Dir CodingANES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1471.88

Date of Receipt 07 / 15 / 2015  
**Transaction ID : A710D7E93D89442BB839**  
 Amount of Each Receipt this Period 113.26  
 Payroll Deduction Payroll Deduction: \$113.26/Bi-Monthly

**C. Debra F Kaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11224 Handlebar Rd  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc.  
 Occupation RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1278.37

Date of Receipt 07 / 15 / 2015  
**Transaction ID : AB1B10DCAFD684099B42**  
 Amount of Each Receipt this Period 83.33  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1446.59
<b>TOTAL</b> 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 7 OF 92
	<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. Ayne K Iafolla MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14220 Cervantes Avenue

City Darnestown	State MD	Zip Code 20874
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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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	20	/	2015

**Transaction ID : A372858F2A5C74DD8A63**

Amount of Each Receipt this Period  

-300.00
---------

Payroll Deduction Payroll Deduction: \$-150.00/Bi-Monthly

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

Mailing Address 512 Dimock Way

City Wake Forest	State NC	Zip Code 27587
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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 ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A8EAA15D2923D4578980**

Amount of Each Receipt this Period  

150.00
--------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Robert E Lubanski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6415 Hawksbill Dr

City Wilmington	State NC	Zip Code 28409
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FEC ID number of contributing federal political committee. **C**

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

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
07	/	31	/	2015

**Transaction ID : A52E3B80AB9174619A05**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>-100.00</b>
<b>TOTAL</b> 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 92
<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. Cody Henderson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8 Ranch Terrace

City Fair Oaks	State TX	Zip Code 78015
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ABC3080A2AEC84EADBD**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064
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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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AA0A384544D964FEB9BC**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Brian Rosenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7366 NW 108th Way

City Parkland	State FL	Zip Code 33076
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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 ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A4DD120CA4BF1448CA86**

Amount of Each Receipt this Period  
60.00

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> 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 92
<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. Robert Manning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 NE 8th Avenue

City Ft Lauderdale	State FL	Zip Code 33301
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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 ▼ **630.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A20C36134CC754BBB802**

Amount of Each Receipt this Period  

90.00
-------

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

**B. Michael Ames**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1299 Walnut Terrace

City Boca Raton	State FL	Zip Code 33486
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Dir Bus Dev Internal
---	------------------------------------

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
07	/	31	/	2015

**Transaction ID : AD385779FAA8E4198BB8**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**C. Claire M Fair**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood	State FL	Zip Code 33021
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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 ▼ **2916.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ABD1A039876584295AE2**

Amount of Each Receipt this Period  

416.66
--------

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>631.66</b>
<b>TOTAL</b> 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 92
<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. Karen J Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee Street  
Unit B

City Lakewood State CO Zip Code 80232

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

Name of Employer: Obstetrix Medical Group of Colorado, P  
Occupation: Perinatal Nurse Practitioner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AD7210C23E61843808F9**

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

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Katherine Grichnik MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6423 Collins Avenue  
Unit 1405

City Miami Beach State FL Zip Code 33141

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

Name of Employer: American Anesthesiology, Inc.  
Occupation: Dir ResearchEdu&Quality

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AF9AE3065995A4E18A23**

Amount of Each Receipt this Period: **200.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Jennifer L Benoit**  
Full Name (Last, First, Middle Initial)

Mailing Address 13830 SW 33rd Court

City Davie State FL Zip Code 33330

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

Name of Employer: Pediatrix Medical Group, Inc.  
Occupation: Dir Office Based Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : A73BF6E2AD1DD4E44AAB**

Amount of Each Receipt this Period: **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **290.00**

**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 92
<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. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Williams Road

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9F2BF31E540B4EB3A14**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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

Mailing Address 738 NE 74 St Apt 2801

City Miami State FL Zip Code 33138

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 ▼ **833.38**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : ABEEAB3FFF9434711AEC**

Amount of Each Receipt this Period **83.34**

Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

**C. Amy V Isenberg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Captains Lane

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A503077E3B3404A0F959**

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **173.34**

**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 12 OF 92
<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. Ronald K Hebert Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 817 SW 10th Street

City Fort Lauderdale State FL Zip Code 33315

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

Name of Employer Mednax Services, Inc. Occupation VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A768F180385ED498FA79**

Amount of Each Receipt this Period **83.34**

Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

**B. Tony M Lacaze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Regional President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2916.62**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A52C7DC127712427DB12**

Amount of Each Receipt this Period **416.66**

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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 ▼ **1400.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A36573F66EAD44941AA2**

Amount of Each Receipt this Period **200.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**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 13 OF 92
	<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. Dominic J Andreano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6803 Lost Garden Ter

City Parkland State FL Zip Code 33076

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 ▼ **3500.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A5E3400A0AFF7442FAEA**

Amount of Each Receipt this Period **500.00**

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

**B. Jenna E Black MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1405 North Topsail Dr

City Surf City State NC Zip Code 28445

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **234.08**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AA2E623327D22492497B**

Amount of Each Receipt this Period **33.44**

Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**C. Kenny Alvarez**  
Full Name (Last, First, Middle Initial)

Mailing Address 20351 Sw 1st St

City Pembroke Pines State FL Zip Code 33029

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

Name of Employer Mednax Services, Inc. Occupation Supervisor Help Desk

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **271.25**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9714936F96784675B32**

Amount of Each Receipt this Period **60.00**

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **593.44**

**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 92
	<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. Julia L Stones**  
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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 ▼  
1190.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A21EA9CC7464E48E6B82**

Amount of Each Receipt this Period  
170.00

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

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

Mailing Address 2581 Luberon Drive

City Henderson State NV Zip Code 89044

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 ▼  
700.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A263869350EF84AE4B2E**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Christopher P Murray MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11566 Snow Creek Ave

City Las Vegas State NV Zip Code 89135

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

Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Hospitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A361A747822504335925**

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**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 15 OF 92
	<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. Kathleen S O'Hara**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 Azalea Ct

City Plantation	State FL	Zip Code 33317
--------------------	-------------	-------------------

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AE1938E7E37F94BE19C1**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 322 Farmer St

City Syracuse	State NY	Zip Code 13203
------------------	-------------	-------------------

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A2E8F698E7F9C40A3802**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Bonnie Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Drive  
Blv

City Fort Lauderdale	State FL	Zip Code 33316
-------------------------	-------------	-------------------

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 ▼ **1750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A0169B72D29AE44F9B84**

Amount of Each Receipt this Period  

250.00
--------

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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 16 OF 92
<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. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7603 NW 113th Avenue

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

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

Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting
---	---------------------------------------

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
07	/	31	/	2015

**Transaction ID : A348850211B594920B66**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Shannon S Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10200 Waters Dr

City Irving	State TX	Zip Code 75063
----------------	-------------	-------------------

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 ▼ **745.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A7BDDEDE4C90647D2BA0**

Amount of Each Receipt this Period  

106.54
--------

Payroll Deduction Payroll Deduction: \$53.27/Bi-Monthly

**C. 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
---------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional 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
07	/	31	/	2015

**Transaction ID : A4DBB6036C1B1461B9F5**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>281.54</b>
<b>TOTAL</b> 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 92
	<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. Deborah Rogala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2433 Triggerfish Ct  
 City Holiday State FL Zip Code 34691  
 Name of Employer: Pediatrix Medical Group of Florida, Inc  
 Occupation: NNP  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A3F3B1F323E9148C1A10**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Milissa Stubbs**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2751 NE 48th Court  
 City Lighthouse Point State FL Zip Code 33064  
 Name of Employer: Mednax Services, Inc.  
 Occupation: VP Portfolio Strat & Dev  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AAA2E3D36F623474F845**  
 Amount of Each Receipt this Period: 208.34  
 Payroll Deduction Payroll Deduction: \$104.17/Bi-Monthly

**C. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409  
 Name of Employer: Southeast Anesthesiology Consultants,  
 Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A54C8D28954AD4455944**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**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: (check only one)	PAGE 18 OF 92
	<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. Jacquelyn A Liberto**

Mailing Address 2543 Jardin Terrace

City Weston State FL Zip Code 33327

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

Name of Employer Mednax Services, Inc. Occupation VP Project Management

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A807F18041A5549BA997**

Amount of Each Receipt this Period **125.00**

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**B. Donald H Chace PHD**

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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A984B26B46F594A76894**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064

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 ▼ **1618.96**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AAF64EC910D254E2998F**

Amount of Each Receipt this Period **231.28**

Payroll Deduction Payroll Deduction: \$115.64/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **456.28**

**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 19 OF 92
	<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. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22535 Lynridge  
City San Antonio State TX Zip Code 78258  
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 **2800.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A0CEF7481F1714BF0809**  
Amount of Each Receipt this Period: 400.00  
Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**B. Amil Ortiz MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 139 Park Ridge  
City Boerne State TX Zip Code 78006  
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 **1041.70**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AACBB52EC73F94D22B7B**  
Amount of Each Receipt this Period: 208.34  
Payroll Deduction Payroll Deduction: \$104.17/Bi-Monthly

**C. Idelsi Sanchez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3941 SW 186th Way  
City Miramar State FL Zip Code 33029  
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 **1293.18**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A66CAC79588C34C098D9**  
Amount of Each Receipt this Period: 184.74  
Payroll Deduction Payroll Deduction: \$92.37/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **793.08**  
**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 92
<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. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A69EAF26C8EC14E4AB4B**

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Kaashif A Ahmad MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11814 Elmscourt

City San Antonio State TX Zip Code 78230

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 ▼ **280.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : ADF31DA4C6A3E4E079F8**

Amount of Each Receipt this Period: **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**C. Peggy L Jenkins**  
Full Name (Last, First, Middle Initial)

Mailing Address 9432 Green Terrace Drive

City Dallas State TX Zip Code 75220

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Hr Generalist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A9F54607481DF4420B67**

Amount of Each Receipt this Period: **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **180.00**

**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 92
<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. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Drive  
 City Wilmington State NC Zip Code 28405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A68795727A4E4411784C**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. William Hawk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1542 SE 13th Street  
 City Ft Lauderdale State FL Zip Code 33316  
 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 **3208.38**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A6F424341C919425D8CB**  
 Amount of Each Receipt this Period **458.34**  
 Payroll Deduction Payroll Deduction: \$229.17/Bi-Monthly

**C. Carey D Osborne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4095 NW 24th Avenue  
 City Boca Raton State FL Zip Code 33431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Recruiting  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **840.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AA740893C3D3D4F908D1**  
 Amount of Each Receipt this Period **120.00**  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **628.34**  
**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 22 OF 92
	<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. Rebecca D Doise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Emergent and Critical Care S  
 Occupation: Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A23BA6931D0374E9B999**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Arnold Poole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12149 Huske Road  
 City Stony Creek State VA Zip Code 23882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc.  
 Occupation: Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2818.86

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A0221B5EDAA8F4BEEAB7**  
 Amount of Each Receipt this Period: 416.66  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Dinh Vu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3307 Mendenaro Court  
 City Fallbrook State CA Zip Code 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Magella Medical Group, Inc.  
 Occupation: Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AE3F459933B7549F58D7**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.66
<b>TOTAL</b> 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 92
	<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. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

City State Zip Code  
Wilmington NC 28403

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AFC75ABD82A93473FB0C**

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Timothy Biela MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Colonial Woods

City State Zip Code  
Boerne TX 78015

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 ▼  
630.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A05C3A81A613A4C01823**

Amount of Each Receipt this Period  
90.00

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

**C. George Powers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Sequoia Drive

City State Zip Code  
San Antonio TX 78232

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  
07 / 31 / 2015  
**Transaction ID : A3C1422D64EA4480D94A**

Amount of Each Receipt this Period  
200.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 340.00

**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 92
<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. Bryan J Davis**  
Full Name (Last, First, Middle Initial)

Mailing Address 245 Michigan Ave  
GL1

City Miami Beach State FL Zip Code 33139

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

Name of Employer American Anesthesiology, Inc. Occupation Dir Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A672F0DB497AA41058A7**

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Clair A Schwendeman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 17616 Ivy Hill Drive

City Dallas State TX Zip Code 75287

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 ▼  
1400.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A45ECB53CED294E8CA45**

Amount of Each Receipt this Period  
200.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Deborah Catland**  
Full Name (Last, First, Middle Initial)

Mailing Address 8620 Wood Forest

City San Antonio State TX Zip Code 78251

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

Name of Employer Pediatrix Medical Services, Inc. Occupation NNP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AE9CE702DFC6F4267854**

Amount of Each Receipt this Period  
40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 290.00

**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 25 OF 92
	<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. Alexander Kenton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 302 W Lynwood Ave  
 City San Antonio State TX Zip Code 78212  
 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 ▼  
 2800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A1F26123F889D47A89DD**  
 Amount of Each Receipt this Period  
 400.00  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**B. Jennifer Granberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 NW 120th Drive  
 City Parkland State FL Zip Code 33076  
 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 ▼  
 840.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A5B146345605648BBB4C**  
 Amount of Each Receipt this Period  
 120.00  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**C. Maria R Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 W Elm Circle  
 City San Antonio State TX Zip Code 78230  
 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 ▼  
 2916.62

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A4415DDCFC3C84C3EB48**  
 Amount of Each Receipt this Period  
 416.66  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	936.66
<b>TOTAL</b> 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 92
	<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. Matthew J Devine**  
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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 ▼  
2916.62

Date of Receipt  
07 / 31 / 2015  
Transaction ID : AA298ADE6E67B4EF2B01

Amount of Each Receipt this Period  
416.66

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**B. Vivek K Vijayamadhavan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 127 Candelaria

City Helotes State TX Zip Code 78023

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 ▼  
250.00

Date of Receipt  
07 / 31 / 2015  
Transaction ID : A34A5A7B54B5E40CAB2A

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
840.00

Date of Receipt  
07 / 31 / 2015  
Transaction ID : A0959FF69A0814E8192B

Amount of Each Receipt this Period  
120.00

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 586.66

**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 27 OF 92
	<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. Brian Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 550910  
102

City Davie State FL Zip Code 33355

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 ▼  
1041.70

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AC387D6ED152E49B8830**

Amount of Each Receipt this Period  
208.34

Payroll Deduction Payroll Deduction: \$104.17/Bi-Monthly

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1831.90

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A87AADA3FA4DC4223B77**

Amount of Each Receipt this Period  
261.70

Payroll Deduction Payroll Deduction: \$130.85/Bi-Monthly

**C. Sanjuanita GarzaCox MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023

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 ▼  
2916.62

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A121F6204E8D042C3900**

Amount of Each Receipt this Period  
416.66

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 886.70

**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 28 OF 92
<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. Vicki Leamy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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 ▼ **875.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A7CB64AB507CE41559F5**

Amount of Each Receipt this Period: **125.00**

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**B. Elizabeth K Cook**  
Full Name (Last, First, Middle Initial)

Mailing Address 7736 Norwich Road

City Powell State TN Zip Code 37849

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

Name of Employer: Pediatrix Medical Group of Tennessee, Occupation: NNP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A31C6A149D66D4954990**

Amount of Each Receipt this Period: **80.00**

Payroll Deduction Payroll Deduction: \$40.00/Bi-Monthly

**C. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2555 E Plateau Drive

City Boise State ID Zip Code 83712

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 ▼ **875.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A80DAFAF27C7C47B4A47**

Amount of Each Receipt this Period: **125.00**

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **330.00**

**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 29 OF 92
	<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 State Zip Code  
Glen Allen VA 23059

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

Name of Employer Occupation  
Critical Health Systems, Inc. VP Revenue Cycle Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A7228FC795AB74550BA7**

Amount of Each Receipt this Period  
200.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Nydia Altamirano**  
Full Name (Last, First, Middle Initial)

Mailing Address 12951 SW 80th Street

City State Zip Code  
Miami FL 33183

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Dir Office Based Systems

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AB4A365F96FB648DE881**

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Stephen B Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Rabbit Run Rd

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.08

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AB8FF05E157BD4F00A8B**

Amount of Each Receipt this Period  
33.44

Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	283.44
<b>TOTAL</b> 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 92
	<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. Eddie Arredondo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 Magliano Drive

City Boynton Beach State FL Zip Code 33436

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

Name of Employer Mednax Services, Inc. Occupation Sr Staff Auditor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AC33BA3EFD3FF4604A68**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AF488EB1809B5491C89A**

Amount of Each Receipt this Period **200.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. David M Roberts**  
Full Name (Last, First, Middle Initial)

Mailing Address 4974 Akron Street Unit 301

City Denver State CO Zip Code 80238

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

Name of Employer Obstetrix Medical Group of Colorado, P Occupation NNP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A83C909C60AFE4E2FA3A**

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **290.00**

**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 31 OF 92
	<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. David R Breed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 S College St  
 City State Zip Code  
 Georgetown TX 78626  
 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  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AF24CACE436A04278B0A**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Evelyn Rider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Meadowlark Ridge Rd  
 City State Zip Code  
 Great Falls MT 59405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Alaska Neonatology Associates, Inc. Neonatologist  
 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  
 07 / 31 / 2015  
**Transaction ID : AFCAA4D8C664C43E9BBE**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Noah S Bunker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Hedge Lane  
 City State Zip Code  
 Austin TX 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology, Inc. RVP  
 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  
 07 / 31 / 2015  
**Transaction ID : AB116C4554D304FDF927**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 92
	<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. Debra Sansoucie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3663 Whipoorwill Blvd  
City Punta Gorda State FL Zip Code 33950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pediatrix Medical Group, Inc. VP AdvPr Program  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A67B4DF67FBAE443CA92**  
Amount of Each Receipt this Period **125.00**  
Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**B. Jennifer F Arriza**  
Full Name (Last, First, Middle Initial)  
Mailing Address 601 nw 80th ave Apartment 104  
City Margate State FL Zip Code 33063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Mednax Services, Inc. VP Applications  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AD11D996B04EB46FABF3**  
Amount of Each Receipt this Period **100.00**  
Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs  
City Buda State TX Zip Code 78610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pediatrix Medical Group, Inc. Reg HS Manager  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AC2B0E590F1044CB78EE**  
Amount of Each Receipt this Period **50.00**  
Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**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 33 OF 92
<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. John M Aguiar**  
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330

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 ▼ **546.01**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A4CBF89950BEF4EA89BA**

Amount of Each Receipt this Period **78.00**

Payroll Deduction Payroll Deduction: \$39.00/Bi-Monthly

**B. Michael Battista MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Orsinger Hill

City San Antonio State TX Zip Code 78230

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 ▼ **3500.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A5956CFEC327D4616A8A**

Amount of Each Receipt this Period **500.00**

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

**C. Michele M Wallace**  
Full Name (Last, First, Middle Initial)

Mailing Address 10080 Nw 10th St

City Plantation State FL Zip Code 33322

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

Name of Employer American Anesthesiology, Inc. Occupation Dir Clinical Systems

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A95D3BD2C12CD40A5AF9**

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **618.00**

**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 92
	<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. Julie Dyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 7710 Scrapeshin Trail  
Apt 107

City Chattanooga State TN Zip Code 37421

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

Name of Employer Occupation  
Pediatrix Medical Group of Tennessee, NNP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A5E653D9C2B024948972**

Amount of Each Receipt this Period  
40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**B. Joshua A Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 SW 5th Ave  
904

City Boca Raton State FL Zip Code 33432

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 ▼  
700.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A072EA7A1AF3345CC87F**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Nathaniel P Nonoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 317 S 2nd Street

City Wilmington State NC Zip Code 28401

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
234.08

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AF4DD16614B73437E951**

Amount of Each Receipt this Period  
33.44

Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 173.44

**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 35 OF 92
<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. Christine N Aune MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15814 Seekers St  
 City San Antonio State TX Zip Code 78255  
 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 ▼  
 700.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : AB20A0EF9713C426DB48**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Louis A Romagnoli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7730 Hanahan Place  
 City Lake Worth State FL Zip Code 33467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Dir Benefits  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A51CFEFA85B384016AE6**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Melissa P Montague**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 228 Geese Landing  
 City Glen Allen State VA Zip Code 23060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. RVP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1330.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A86CDC578F80245DBB68**  
 Amount of Each Receipt this Period  
 190.00  
 Payroll Deduction Payroll Deduction: \$95.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> 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 92
	<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. Mark C Katris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3440 NE 15th Avenue

City Oakland Park State FL Zip Code 33334

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : AB7C226A4B8D8487288B**

Amount of Each Receipt this Period 150.00

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Darren Patz**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138

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 ▼ 2916.62

Date of Receipt 07 / 31 / 2015  
**Transaction ID : AA5F69B6D7D3846FB89D**

Amount of Each Receipt this Period 416.66

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Charles M Hahn MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6317 Shinn Creek Lane

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A13554CEC1A9A4273850**

Amount of Each Receipt this Period 50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**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 37 OF 92
<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. Ayne K Iafolla MD**

Mailing Address 14220 Cervantes Avenue

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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 ▼  
1050.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A0C2C504EACA04B30B2E**

Amount of Each Receipt this Period  
450.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

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

Mailing Address 3127 Windsong Dr

City Oakton	State VA	Zip Code 22124
----------------	-------------	-------------------

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 ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A4FF30DA96FDD4FD3902**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**C. Cameron Cole MD**

Mailing Address 8239 New Cut Rd

City Campo Bello	State SC	Zip Code 29322
---------------------	-------------	-------------------

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 ▼  
875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A6F154B8CA69A45859AD**

Amount of Each Receipt this Period  
125.00

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> 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 38 OF 92
<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. Scott Tisdell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Crownhill DR

City Arlington State TX Zip Code 76012

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 ▼ **1590.89**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : ACBB2FCA8CE904EC0B44**

Amount of Each Receipt this Period: **227.27**

Payroll Deduction Payroll Deduction: \$227.27/Bi-Monthly

**B. Valerie J Bell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2973 Cheroakwood Lane

City Rockford State IL Zip Code 61114

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

Name of Employer: Pediatrix Medical Group of Illinois, P Occupation: Med Dir Ped Hosp

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A51E2A4613FBA4F949A0**

Amount of Each Receipt this Period: **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Francis J Abdou MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3828 White Chapel Way

City Raleigh State NC Zip Code 27615

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

Name of Employer: American Anesthesiology of North Carol Occupation: Medical Director Anesth

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AC5A1488778C4C2D817**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **402.27**

**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 39 OF 92
<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. Bahman Mehdizadeh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25470 Prado De Las Bellotas  
 City Calabasas State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A62448E70AB544595964**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Gary L Yup MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 Fireside Circle  
 City Reno State NV Zip Code 89509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pokroy Medical Group of Nevada, Ltd. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A750EDAED51774C0C92C**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Robin Thornton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Huntington Drive  
 City Burlington State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Burlington Anesthesia Associates, P.A. Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.69

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A410E200950E346ACA11**  
 Amount of Each Receipt this Period 41.67  
 Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 341.67  
**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 40 OF 92
	<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. 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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A796A28D8FCA34F89B90**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. 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

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 ▼ **2916.69**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A57524659A443411956**

Amount of Each Receipt this Period **416.67**

Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. Lisa A LowerySmith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7821 Night Hawk Road

City Chattanooga State TN Zip Code 37421

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4666.69**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AE59B487C45B14E3D959**

Amount of Each Receipt this Period **666.67**

Payroll Deduction Payroll Deduction: \$666.67/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1183.34</b>
<b>TOTAL</b> 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 92
	<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. 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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A0794B9A2800D4D9C897**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Bruce J Denenny MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Winterberry Ct

City Greensboro	State NC	Zip Code 27455
--------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

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
07	/	31	/	2015

**Transaction ID : AC76D1007BA94420C9A1**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 1014 Priory Place

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

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A2441D01ACBFF4C12AEF**

Amount of Each Receipt this Period  

100.00
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Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 42 OF 92
	<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. David C Yarnall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12519 Nathaniel Oaks Dr  
 City State Zip Code  
 Oak Hill VA 20171  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A59B7758D07724DCEB3F**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Cheryl Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Wyatt Court  
 City State Zip Code  
 Reno NV 89521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pokroy Medical Group of Nevada, Ltd. Medical Director NICU  
 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  
 07 / 31 / 2015  
**Transaction ID : A2E15FB0C51D24D70A1B**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Bannie Lee Tabor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 Still Meadow Drive  
 City State Zip Code  
 Ft Worth TX 76132  
 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 ▼  
 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A8DF1B167D3D44F638B7**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<b>TOTAL</b> 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 43 OF 92
	<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. Robert P Rieker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4420 Lake Boone Trail

City Raleigh	State NC	Zip Code 27607
-----------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A5645B2D563554141A20**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Barry M Lawson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5497 170 Place SE

City Bellevue	State WA	Zip Code 98006
------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Washington,	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
07	/	31	/	2015

**Transaction ID : A23F866668275416FBD0**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Whitney Scott MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2020 Vinnings Place

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

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

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

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
07	/	31	/	2015

**Transaction ID : A9DA49F4F458D4B2DBEE**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>150.00</b>
<b>TOTAL</b> 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 44 OF 92
	<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. Erhan Atasoy MD**

Mailing Address 4756 Sharpstone Lane

City Raleigh State NC Zip Code 27615

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A2AFC10083A1D4691843**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**B. Charles Long MD**

Mailing Address 134 Perrin Place Apt 3A

City Charlotte State NC Zip Code 28207

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 ▼ **525.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9D11C9B5F65847A8BDE**

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**C. Richard A Sidebottom MD**

Mailing Address 1305 Byron Nelson Pkwy

City Southlake State TX Zip Code 76092

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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AE401316237654D13A64**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**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 45 OF 92
	<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. Alan Fishman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Los Gatos Blvd

City Los Gatos State CA Zip Code 95030

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 ▼ 2500.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A0919FBD7CCD541BFA10**

Amount of Each Receipt this Period: 500.00

Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

**B. Debra F Kaspar**  
Full Name (Last, First, Middle Initial)

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer: American Anesthesiology, Inc. Occupation: RVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A63DEDEF7E4D14D0AA3D**

Amount of Each Receipt this Period: 21.63

Payroll Deduction Payroll Deduction: \$21.63/Bi-Monthly

**C. Rosaire J Belizaire MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 Grand Pointe Boulevard

City Lafayette State LA Zip Code 70508

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AB7B132DA8D3248FD992**

Amount of Each Receipt this Period: 150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 671.63

**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 92
<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. Alexander F Fortune MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 906 W Cornwallis Drive

City Greensboro State NC Zip Code 27408

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A4B66C55784A94492A06**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173

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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A98FBAC639FC546D2A46**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

Mailing Address 2720 Boyer Ave E 1900

City Seattle State WA Zip Code 98102

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A8D318E4F8D9C46269C7**

Amount of Each Receipt this Period **200.00**

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**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: (check only one)	PAGE 47 OF 92
	<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. Martin B Jenkins MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 Anderton Springs Cove

City	State	Zip Code
Memphis	TN	38133-0900

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

Name of Employer	Occupation
Pediatrix Medical Group of Tennessee,	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
07	/	31	/	2015

**Transaction ID : ADAE3EEAA4F1D4DC3A1!**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Zenaida P Aranda MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 249 Clendenny Ave

City	State	Zip Code
Jersey City	NJ	07304-1112

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

Name of Employer	Occupation
Pediatrix Medical Group Neonatology an	Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AC31BC7949F9943CBBA8**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**C. Cecil G Sharp MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 576 Medinah Drive

City	State	Zip Code
Augusta	GA	30907

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

Name of Employer	Occupation
Pediatrix Medical Group of Georgia, P.	Corp Med Director NICU

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
07	/	31	/	2015

**Transaction ID : AD16D2B906FE84622896**

Amount of Each Receipt this Period  

45.00
-------

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</b>
<b>TOTAL</b> 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 48 OF 92
	<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. Bobby Clifton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Montrose Dr

City	State	Zip Code
Shelby	NC	28150

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

Name of Employer	Occupation
American Anesthesiology of the Southea	Anesthesiologist Assoc

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  
**07 / 31 / 2015**

**Transaction ID : A1DA49C7DC01A4D0C8A5**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

Mailing Address 23 Westwind Drive

City	State	Zip Code
Lemoyne	PA	17043

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 ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 31 / 2015**

**Transaction ID : A0B982AFD24EB4FA9A94**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. William E Fitzgerald MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 Hamden Drive

City	State	Zip Code
Greensboro	NC	27405

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

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  
**07 / 31 / 2015**

**Transaction ID : A0E1E3E9FA3C840059A2**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> 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 92
	<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. 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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AAFF2ACB570745EE8E7**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Terrence J Sweeney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 727 17th Avenue East

City Seattle State WA Zip Code 98112

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **980.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A4114B005ADC147289FA**

Amount of Each Receipt this Period **140.00**

Payroll Deduction Payroll Deduction: \$140.00/Bi-Monthly

**C. Brittany Clyne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Hastings Dr

City Charlotte State NC Zip Code 28207

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 ▼ **525.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : ADF4719EAB0F3496C907**

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>315.00</b>
<b>TOTAL</b> 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 92
	<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. Barry Stowe MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2021 Coniston Place  
 City Charlotte State NC Zip Code 28207  
 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 **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : ADFD19882B5CD4D4D8C2**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Pamela N Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 NW 76th Terrace  
 City Margate State FL Zip Code 33063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc. Occupation VP Clinical Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A62599FB973444BCA920**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. James D Singer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Captain's Point  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A4B3CEBB2FB394B90800**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> 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 92
<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. Randall D Uttley**  
Full Name (Last, First, Middle Initial)

Mailing Address 31 W Pasadena Ave 9  
Apt 1091

City Phoenix State AZ Zip Code 85013

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 ▼ **210.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A1AF3E7A18B514C7FB37**

Amount of Each Receipt this Period: **30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**B. Jwalanaiah Bellur MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6521 NE 21 Way

City Ft Lauderdale State FL Zip Code 33308

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 ▼ **350.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AACA7D3C2376B4BE08F6**

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Beverly Gail Lim**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 NE 4th Street

City Boca Raton State FL Zip Code 33432

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

Name of Employer: Mednax Services, Inc. Occupation: VP Business Expansion

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A254C725AF0564206B2D**

Amount of Each Receipt this Period: **400.00**

Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **480.00**

**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 92
	<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. Charles L Ewell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Blair Street  
 City Greensboro State NC Zip Code 27408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AEAC4861B316B4F2DB42**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Drive N  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : AC9B91F4300A24420B8E**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Michael S Paranka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10126 Summit View Pt  
 City Highland Ranch State CO Zip Code 80126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of Colorado, P Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 31 / 2015**  
**Transaction ID : A4790BA4CE70A4B979E6**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**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 53 OF 92
	<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. Steven Van Scoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5355 Candelabra Plce

City San Luis Obispo State CA Zip Code 93401

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AC990459DC7D24D76BED**

Amount of Each Receipt this Period  
40.00

Payroll Deduction Payroll Deduction: \$40.00/Bi-Monthly

**B. Victor N Iskersky MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Club Colony Cir

City Blythewood State SC Zip Code 29016

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

Name of Employer Occupation  
Pediatrix Medical Group of South Carol Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : ACEF16111A56B4D03A7C**

Amount of Each Receipt this Period  
208.33

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

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

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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 ▼  
2800.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AC32BC716D2324BFB876**

Amount of Each Receipt this Period  
400.00

Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 648.33

**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 54 OF 92
	<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. Robert Alphin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4028 John S Raboteau Wynd

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

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ABE3192A4055443E38AF**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. 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
----------------------------	-------------	-------------------

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 ▼ **875.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ABEAC89A5C4004A00847**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**C. Albert V Brawley MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 619 Brae Burn Drive

City Martinez	State GA	Zip Code 30907
------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Medical Director Hosp
--	-------------------------------------

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
07	/	31	/	2015

**Transaction ID : AE88C73B06F62441AA9C**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</b>
<b>TOTAL</b> 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 92
	<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. Amanda R Crow MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Cutler Street  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol  
 Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 245.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A5B8AE3AFCD0B4816AB5**  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction Payroll Deduction: \$35.00/Bi-Monthly

**B. Jose A PerezDiaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Cond Pine Grove Apt 44a  
 City Carolina State PR Zip Code 00979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, S.P.  
 Occupation Dir Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A5B46711837A649E7BA4**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Russell Cheaney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Greenway Dr  
 City Shelby State NC Zip Code 28150  
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2015  
**Transaction ID : A7DE4A65EDBB64B418BB**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**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 56 OF 92
<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. Michael S Moses MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Barraco Blvd

City Rhinebeck	State NY	Zip Code 12572
-------------------	-------------	-------------------

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

Name of Employer American Anesthesiology of New York	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
07	/	31	/	2015

**Transaction ID : AD1F9A5351FB74CD086C**

Amount of Each Receipt this Period  

75.00
-------

**Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly**

**B. Cedric Dupont MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Pascal Lane

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A7801567D39A145BCAB2**

Amount of Each Receipt this Period  

100.00
--------

**Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly**

**C. Johnny Tryzmel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3765 Ne 209 Terrace

City Aventura	State FL	Zip Code 33180
------------------	-------------	-------------------

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A2F3CAB043B074A1897B**

Amount of Each Receipt this Period  

50.00
-------

**Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</b>
<b>TOTAL</b> 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 57 OF 92
	<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. Peter Haney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Chimney Rock  
 City Houston State TX Zip Code 77024  
 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 ▼  
 583.31

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A45DC30BEF5604C DFA07**  
 Amount of Each Receipt this Period  
 83.33  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**B. Joe Toney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5459 S Krameria St  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Colorado, P Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1400.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : AEF17B8D6F25346D9B08**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Alfonso Vargas MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 410 Starfire Causeway  
 City Oldsmar State FL Zip Code 34677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A2606686A57954B25BD2**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	383.33
<b>TOTAL</b> 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 92
	(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. Richard Gilbert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Coconut Drive  
Apt 104

City Ft Lauderdale State FL Zip Code 33315

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 ▼ **700.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A0DC7278319C74E8092C**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Brandon Yandle**  
Full Name (Last, First, Middle Initial)

Mailing Address 11918 First Branch Ct

City Chesterfield State VA Zip Code 23838

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Mgr Market Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A99AA76C8837441D98F7**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Ronald S Bank MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1642 White Pine Drive

City Vienna State VA Zip Code 22182

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 ▼ **525.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A78C164D759EA4F849FB**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **205.00**

**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 92
	<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. Craig Steiner MD**  
Full Name (Last, First, Middle Initial)

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 Occupation  
Pediatrix Medical Services, Inc. Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : AFF7191E765CA4E3E867**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**B. Harlan McCulloch MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7528 Waterview Drive

City Cornelius State NC Zip Code 28031

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 ▼ **525.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : AE651D711D22A48DE9BE**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

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

Mailing Address 1413 Dogwood Lane

City Raleigh State NC Zip Code 27607

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

Name of Employer Occupation  
American Anesthesiology of North Carol Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **595.00**

Date of Receipt  
**07 / 31 / 2015**

**Transaction ID : A2BB746CBC8DB4E39B85**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **285.00**

**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 60 OF 92
	<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 McCormack MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brightwaters Circle NE

City	State	Zip Code
St Petersburg	FL	33704

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

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

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
07	/	31	/	2015

**Transaction ID : A011D96D74B174D288DF**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Lydia N Wright MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3224 Shadow Court

City	State	Zip Code
Wilmington	NC	28409

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

Name of Employer	Occupation
Obstetrix Medical Group of Coastal Car	Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **291.90**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AE9F33B19F73844B7A42**

Amount of Each Receipt this Period  

41.70
-------

Payroll Deduction Payroll Deduction: \$41.70/Bi-Monthly

**C. Amy L Cassidy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8873 Cravenwood Dr

City	State	Zip Code
Oak Ridge	NC	27310

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

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
07	/	31	/	2015

**Transaction ID : A6EED8682049A43C6967**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>191.70</b>
<b>TOTAL</b> 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 92
	<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. Dianna Brozyna MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2711 Scarborough Ct

City Kissimmee State FL Zip Code 34744

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

Name of Employer: Pediatrix Medical Group of Florida, Inc. Occupation: Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A709CA14731404A9D98D**

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Dennis M Jacobs DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 Hendon Row Way

City Fort Mill State SC Zip Code 29715

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 ▼ **700.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A6E60D0B4EAA4437FA1A**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Steve Collins**  
Full Name (Last, First, Middle Initial)

Mailing Address 10468 Laurel Road

City Davie State FL Zip Code 33328

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

Name of Employer: Mednax Services, Inc. Occupation: SVP Business Development

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3500.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A7E047926D1E94006A49**

Amount of Each Receipt this Period: **500.00**

Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

**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 62 OF 92
	<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
-----------------	-------------	-------------------

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ACF2C6801DD7343E5B8A**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Hugh Miller MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7417 N Secret Canyon Drive

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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 ▼ **1050.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AFDB78843E12D4AA2800**

Amount of Each Receipt this Period  

150.00
--------

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**C. Pratibha Ankola MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 Sprain Valley Rd # B12

City Scarsdale	State NY	Zip Code 10583
-------------------	-------------	-------------------

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 ▼ **1400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AB502C94880FF402DA73**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>450.00</b>
<b>TOTAL</b> 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 92
	<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. William Wegh DO**

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 ▼ **525.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AB5B0B02258CB449FB59**

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**B. Daniel Thailer MD**

Mailing Address 7027 Summerhill Ridge Dr

City Charlotte State NC Zip Code 28226

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A3DD114BDDF4240B9978**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**C. Gary A Twiggs MD**

Mailing Address 1600 SW 78th Ave 1114

City Plantation State FL Zip Code 33324

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

Name of Employer Pediatrix Medical Group, Inc. Occupation COO Eastern Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2916.69**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A32457002FC66443FA9C**

Amount of Each Receipt this Period **416.67**

Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **541.67**

**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 64 OF 92
	<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. David Salama MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 16741 100 Norman Place

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

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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AE35890A8249E401FB6D**

Amount of Each Receipt this Period  

75.00
-------

**Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly**

**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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AFF4FF42E5D9A46B0AC7**

Amount of Each Receipt this Period  

100.00
--------

**Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly**

**C. Peter K Wu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Symphony Circle SW

City Vienna	State VA	Zip Code 22180
----------------	-------------	-------------------

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 ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A7A664CDE320C477E839**

Amount of Each Receipt this Period  

100.00
--------

**Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</b>
<b>TOTAL</b> 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 92
	<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. Robert M Treadway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612

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 ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AFD1D1AB23EAF4B7B96C**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Ray Y Sato MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Alaskan Way 349

City Seattle State WA Zip Code 98121

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A359A926DB4F64EB5839**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Susan F Townsend MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 14th St Unit 3710

City Denver State CO Zip Code 80202

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 ▼ **875.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AF32BE2B3AC5049AD8B6**

Amount of Each Receipt this Period **125.00**

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**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 66 OF 92
	<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. Paul Jaszewski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 19449 Peninsula Shores Drive

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

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 ▼ **525.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : ADF33D06C4300450E99F**

Amount of Each Receipt this Period  

75.00
-------

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. 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
-----------------	-------------	-------------------

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 ▼ **2244.69**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : A687598C13BDB4A3AA68**

Amount of Each Receipt this Period  

320.67
--------

Payroll Deduction Payroll Deduction: \$320.67/Bi-Monthly

**C. B Keith Taylor MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Linden Avenue

City Lynchburg	State VA	Zip Code 24503
-------------------	-------------	-------------------

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

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

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
07	/	31	/	2015

**Transaction ID : A8152D11AADFD4B07945**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>495.67</b>
<b>TOTAL</b> 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 92
	<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. Vijay Nama MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 Kennison Court  
 City State Zip Code  
 Plano TX 75093  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2912.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A003FD8CCD7B2455392B**  
 Amount of Each Receipt this Period  
 416.00  
 Payroll Deduction Payroll Deduction: \$416.00/Bi-Monthly

**B. Ann Zugarramurdi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4621 SW 163rd Path  
 City State Zip Code  
 Miami FL 33185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Mgr Insurance Program  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 210.00

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A7B57D2FF121E4C4BBA3**  
 Amount of Each Receipt this Period  
 30.00  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Dominick J Iaconetti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 Nichols Run Ct  
 City State Zip Code  
 Great Falls VA 22066-3047  
 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 ▼  
 516.65

Date of Receipt  
 07 / 31 / 2015  
**Transaction ID : A66BA67AE35974158A6D**  
 Amount of Each Receipt this Period  
 83.33  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	529.33
<b>TOTAL</b> 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 92
<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. Margaret D Davis MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5115 Park Drive

City Vermilion State OH Zip Code 44089

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 ▼ **350.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AA1D8D31AF288465E90C**

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Susan A Dotzler MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1203 Ashbury Bay

City San Antonio State TX Zip Code 78258

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 ▼ **700.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AB3B256CCF54A4CFD9F2**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

Mailing Address 25135 Stageline Dr

City Laguna Hills State CA Zip Code 92653

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 ▼ **1050.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AE50606AC16F8471FAC0**

Amount of Each Receipt this Period: **150.00**

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**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 69 OF 92
	<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. Jose Colindres MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16775 NW 20 Street  
 City State Zip Code  
 Pembroke Pines FL 33028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AE142C7140CA642AEA7C**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

**B. Martin P Walker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7960 Simonds Road NE  
 City State Zip Code  
 Kenmore WA 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Washington, Practice Med DirPERI  
 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  
 07 / 31 / 2015  
**Transaction ID : A4026A63BBD6E4FC4B74**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**C. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave  
 Ne  
 City State Zip Code  
 Redmond WA 98053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Washington, Perinatologist  
 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  
 07 / 31 / 2015  
**Transaction ID : A6194712CF82F43E9BF5**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> 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 70 OF 92
	<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. Steven A Lussos MD**

Mailing Address 12701 Megill's Landing Lane

City Clifton State VA Zip Code 20124

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A6CA61538A45841F0925**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

Full Name (Last, First, Middle Initial)  
**B. Robert C Bryant**

Mailing Address 12717 W Sunrise Blvd 256

City Sunrise State FL Zip Code 33323

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

Name of Employer Mednax Services, Inc. Occupation SVP and CIO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2916.62**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A88915945851545CA80E**

Amount of Each Receipt this Period **416.66**

Payroll Deduction Payroll Deduction: \$416.66/Bi-Monthly

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

Mailing Address 2207 Peninsula Ave

City Shelby State NC Zip Code 28150

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 ▼ **595.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9CD1F0D22931496A89A**

Amount of Each Receipt this Period **85.00**

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **551.66**

**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 71 OF 92
	<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. Julio Vallette MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Normandy Dr  
City Indialantic State FL Zip Code 32903  
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 ▼  
3500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : AE104313593CD437F82C**  
Amount of Each Receipt this Period  
500.00  
Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

**B. John L Bankston MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 111 Pembroke Dr  
City Palm Beach Gardens State FL Zip Code 33418  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Pediatrix Medical Group of Florida, In Neonatologist  
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  
07 / 31 / 2015  
**Transaction ID : A01603651965C48A6AA9**  
Amount of Each Receipt this Period  
125.00  
Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**C. James Doyle MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2137 Queens Road East  
City Charlotte State NC Zip Code 28207  
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 ▼  
700.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015  
**Transaction ID : AAFDE060701F34CADA1C**  
Amount of Each Receipt this Period  
100.00  
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	725.00
<b>TOTAL</b> 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 92
	<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. William D Caplan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Edloe

City Houston State TX Zip Code 77025

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 ▼ **1400.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AC3B764D98EE6499F9A9**

Amount of Each Receipt this Period: **200.00**

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**B. Jonathan Schwartz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court South

City Jacksonville State FL Zip Code 32224

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 ▼ **420.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : ACC5E0E8459714360A49**

Amount of Each Receipt this Period: **60.00**

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**C. Reese H Clark MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11539 NW 72nd Place

City Parkland State FL Zip Code 33076

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

Name of Employer: **Pediatrix Medical Group, Inc.** Occupation: **VP & CoDirector of CREQ**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3200.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : A8A29F859021C4658ADE**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**

**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 92
	<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 F Hatchett MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5904 Snow Hill Drive

City Summerfield	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

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
07	/	31	/	2015

**Transaction ID : A4555B020C76F473E83D**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Jean M Houy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7552 N Shores Dr

City Navarre	State FL	Zip Code 32566
-----------------	-------------	-------------------

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 ▼ **210.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AB5A530416414414EB1B**

Amount of Each Receipt this Period  

30.00
-------

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Jonathan J Lee MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Intervail Dr

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 ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	31	/	2015

**Transaction ID : AB6E587D4FDC1474ABE4**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>130.00</b>
<b>TOTAL</b> 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 74 OF 92
	<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 J Lang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10422 E Windrose Drive

City Scottsdale State AZ Zip Code 85259-2422

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

Name of Employer Obstetrix Medical Group of Phoenix, P. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A2D9DF705246F4638AAD**

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Hanoch Patt MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3005 Scenic Drive

City Austin State TX Zip Code 78703

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Corporate Medical Directr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2916.69**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AD7B361BDB28043C9B5A**

Amount of Each Receipt this Period **416.67**

Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. Martin Cascio MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Libera Ct

City Rhinebeck State NY Zip Code 12572

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

Name of Employer American Anesthesiology of New York Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AC270AD2820294972BB8**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **566.67**

**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 75 OF 92
<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. Charlene D Edwards MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sailview Cove

City Greensboro State NC Zip Code 27455

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A37E8DBFC4FB448A3900**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Sikander Adeni MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Laguna Grande

City Austin State TX Zip Code 78734

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 ▼ **825.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : AE64C730DE3144D5D96B**

Amount of Each Receipt this Period **125.00**

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**c. Lerma U Te MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1932 South Club Dr

City Wellington State FL Zip Code 33414-9088

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 ▼ **250.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A60B5513077C34DF7ADF**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**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 76 OF 92
	<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. Eduardo A Otero MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Alahmbra Crcl

City	State	Zip Code
Coral Gables	FL	33134

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : A2176F7C2AFD846BE892**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City	State	Zip Code
Albuquerque	NM	87107

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : ACFB6849BE8704221A62**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Ana Spence MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11865 E Carol Ave  
Lot 6

City	State	Zip Code
Scottsdale	AZ	85259

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

Name of Employer	Occupation
Obstetrix Medical Group of Phoenix, P.	Perinatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AFE43191CFEFA43D1B97**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>205.00</b>
<b>TOTAL</b> 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 92
	<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. Pius J Powers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 W Park Dr  
Suite 9B

City Kingsport State TN Zip Code 37660

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A63BADD0AB7A4787A9/**

Amount of Each Receipt this Period  
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. 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 ▼  
2916.69

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A2F6CA96B40704D9591B**

Amount of Each Receipt this Period  
416.67

Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

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

Mailing Address 3144 Legends Circle

City Lakeland State FL Zip Code 33803

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 ▼  
595.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : AB3BA306794914901884**

Amount of Each Receipt this Period  
85.00

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 551.67

**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 92
<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. Brent Holway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Stonestrow Court

City Charlotte State NC Zip Code 28226

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A7E40D947102E489ABDD**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Brian J Palank JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Metropolitan Ave Unit 403

City Charlotte State NC Zip Code 28204

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 ▼ **525.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A8D772EFB3E284A1B897**

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. William McCrea MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6601 Cove Point Drive

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : ABB53021A4CDD4C7AB13**

Amount of Each Receipt this Period **30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **155.00**

**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 79 OF 92
	<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. Adam S Hodierne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 W Bessemer Avenue

City Greensboro State NC Zip Code 27401

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A9A82BBA4F1EF46938A8**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Kassell Sykes MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6705 Greywalls Lane

City Raleigh State NC Zip Code 27614

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A0987258E897B43388EF**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Travis Ansley DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Crooked Stick Dr

City Rock Hill State SC Zip Code 29730

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 ▼ **350.00**

Date of Receipt **07 / 31 / 2015**

**Transaction ID : A830965647F764DB6AFF**

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**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:	PAGE 80 OF 92
	(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"/> 15
	<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. Stefan R Maxwell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Chatham Road

City Charleston State WV Zip Code 25304

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2916.69

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A029FE272C2234E9CA83**

Amount of Each Receipt this Period  
416.67

Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**B. Howard Brenker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6566 NW 99 Lane

City Parkland State FL Zip Code 33076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A177A00401A1A43D0AF2**

Amount of Each Receipt this Period  
100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Terrance J Zuerlein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Fontenay Circle

City Little Rock State AR Zip Code 72223

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

Name of Employer Occupation  
Pediatrix Medical Group of Arkansas, P Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1750.00

Date of Receipt  
07 / 31 / 2015  
**Transaction ID : A54E07E098E8D4C90A86**

Amount of Each Receipt this Period  
250.00

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	766.67
<b>TOTAL</b> 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 92
	<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. Janet G Wingkun MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1178 Breakers West Blvd  
City West Palm Beach State FL Zip Code 33411

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 ▼ **583.38**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : AE46D425F22FC43BCA7C**

Amount of Each Receipt this Period: **83.34**

Payroll Deduction Payroll Deduction: \$83.34/Bi-Monthly

**B. Lalit K Shah MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2840 NE 36 St  
City Ft Lauderdale State FL Zip Code 33308

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 ▼ **350.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A44862777AC274C4FA83**

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**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

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 ▼ **700.00**

Date of Receipt: 07 / 31 / 2015  
**Transaction ID : A8CDE08D170C249B58E4**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>233.34</b>
<b>TOTAL</b> 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 82 OF 92
	<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 Friedman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 294 Iven Avenue  
Apt 3D

City Wayne State PA Zip Code 19087

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

Name of Employer: Pediatrix Medical Group, P.A. Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : AA7978B8C80174FDA8C2**

Amount of Each Receipt this Period: **83.33**

Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**B. Michelle M Pastorello MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7333 Rietz Canyon Way

City Las Vegas State NV Zip Code 89131

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : A5CC4FD7B300D464AED**

Amount of Each Receipt this Period: **30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Glen Paris MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 23 Rolling Hill Drive

City Chatham State NJ Zip Code 07928

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

Name of Employer: Summit Anesthesia PA Occupation: Medical Director Anesth

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt: **07 / 31 / 2015**

**Transaction ID : A4B3AD6D9A0194BDA877**

Amount of Each Receipt this Period: **83.33**

Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **196.66**

**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 83 OF 92  
(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. Richard Powers MD**  
 Mailing Address 110 Gemini Ct  
 City Los Gatos State CA Zip Code 95032  
 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 ▼  
 3200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 31 / 2015  
**Transaction ID : AF44D65A152DE4898B51**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	31721.44

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

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

FOR LINE NUMBER: PAGE 84 OF 92  
(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**

**A. Mednax, Inc.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Concord Terrace  
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 ▼ **877.37**

Date of Receipt  
**07 / 16 / 2015**  
**Transaction ID : AADB0CCDA6EAA4A29AF**  
Amount of Each Receipt this Period  
**183.94**  
Reimbursement for June Bank Fees

**B.**  
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  
Amount of Each Receipt this Period

**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  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>183.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>183.94</b>

**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  
07 / 15 / 2015

Transaction ID : B9B0E69318D6C4AD6943

Amount of Each Disbursement this Period

42.67

**B.**

Full Name (Last, First, Middle Initial)

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

**C.**

Full Name (Last, First, Middle Initial)

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)..... ▶

42.67

42.67



**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. FRIENDS OF PETE GALLEGO**

Mailing Address PO BOX 1781

City San Antonio State TX Zip Code 78296-1781

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Pete P. Gallego**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: TX District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2015

Transaction ID : B778F96DF1DF944EF9D0

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ROBERSON FOR CONGRESS**

Mailing Address PO BOX 371722

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Michael Roberson**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NV District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2015

Transaction ID : B33A76F4A83F245B3BA2

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. TOM MACARTHUR FOR CONGRESS INC.**

Mailing Address PO BOX 225

City COLONIA State NJ Zip Code 07067

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Thomas MacArthur**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NJ District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015

Transaction ID : B2AE525B4703F4783B55

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11000.00

26000.00

**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) <b>A. Committee to Elect Paul Anderson</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 50 S. Jones Blvd. Suite 202		<b>Transaction ID : B61A77CF6B0ED4DBC4E4</b>
City Las Vegas	State NV	
Zip Code 89107-2680	Purpose of Disbursement POLITICAL CONTRIBUTION- PRIMARY 2016	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Committee to Re-elect James Oscarson</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address 3340 S. Hwy. 160 Suite 300		<b>Transaction ID : B2B6AABD68F2C439685C</b>
City Pahrump	State NV	
Zip Code 89048-5341	Purpose of Disbursement POLITICAL CONTRIBUTION- PRIMARY 2016	Amount of Each Disbursement this Period 2500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other2015	

Full Name (Last, First, Middle Initial) <b>C. Committee to Elect Aaron Ford</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015
Mailing Address PO Box 96003		<b>Transaction ID : B6D118BADE54E4875921</b>
City Las Vegas	State NV	
Zip Code 89193-6003	Purpose of Disbursement POLITICAL CONTRIBUTION- PRIMARY 2016	Amount of Each Disbursement this Period 5000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**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. Campaign Committee to Elect Jason Frierson**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2015

Mailing Address 7925 W. Russell Road  
Unit 400157

**Transaction ID : B403D5CA638044E2E9EC**

City Las Vegas State NV Zip Code 89140-8008

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Committee to Elect John Hambrick**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address 1930 Village Center Cir Suite3-419

**Transaction ID : B2A4FB12A72024254B31**

City Las Vegas State NV Zip Code 89134-6299

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Ellen Spiegel for Nevada Assembly District 20**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2015

Mailing Address 1953 Kachina Mountain Dr.

**Transaction ID : B89BAA74E504C4268995**

City Henderson State NV Zip Code 89012-2219

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00
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**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. Senate Majority Fund**

Mailing Address 2318 CURTIS STREET

City State Zip Code  
Denver CO 80205-2628

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

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : BA338649CDD2F4F67B6B

Amount of Each Disbursement this Period

10000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Terrence Murphy**

Mailing Address 3030 Chen Ct

City State Zip Code  
Yorktown Heights NY 10598-1972

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  
07 / 30 / 2015

Transaction ID : B5D1C446FBC6B4E7FA53

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Duran for Colorado Leadership Fund**

Mailing Address 4956 Umatilla St.

City State Zip Code  
Denver CO 80221-1314

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Cycle2016

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2015

Transaction ID : B779674FCF86A40B8862

Amount of Each Disbursement this Period

375.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11375.00

**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. Pabon Leadership Fund**

Mailing Address 3182 W. 35th Ave.

City Denver State CO Zip Code 80211-2704

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Cycle2016

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 30 / 2015

Transaction ID : B5E94467F771A44F6B1A

Amount of Each Disbursement this Period

550.00

Full Name (Last, First, Middle Initial)

**B. GOTTA HAVE FAITH**

Mailing Address 11676 OSCEOLA STREET

City Westminster State CO Zip Code 80031-5138

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Cycle2016

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : BAE5FC14357FC4B2E81E

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. KC BECKER LEADERSHIP FUND**

Mailing Address PO BOX 7480

City Boulder State CO Zip Code 80306-7480

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
Cycle2016

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : B4784217DD36F410B8A2

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1550.00

**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. MILLIE HAMNER LEADERSHIP FUND**

Mailing Address PO BOX 1304

City Frisco State CO Zip Code 80443-1304

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2016

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : BC6A8613BCC8D4E1F91B

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jenise May Leadership Fund**

Mailing Address PO Box 31392

City Aurora State CO Zip Code 80041-0392

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2016

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : B9A68684035174C8AAEE

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DOMINICK MORENO POLITICAL COMMITTEE (DOMPAC)**

Mailing Address 5821 TICHY BLVD

City Commerce City State CO Zip Code 80022-2545

Purpose of Disbursement  
Political Contribution- Cycle 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2016

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 31 / 2015

Transaction ID : B6D7138CCFC7C4BA09CC

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00

31425.00