



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="509102.96"/>	<input type="text" value="509102.96"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="786145.45"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="40618.87"/>	<input type="text" value="528004.38"/>
(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="826764.32"/>	<input type="text" value="1037107.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="147183.94"/>	<input type="text" value="357526.96"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="679580.38"/>	<input type="text" value="679580.38"/>
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)

Write or Type Committee Name

**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	35826.24	470933.86
(ii) Unitemized .....	2252.82	53877.09
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	38079.06	524810.95
(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) .....	38079.06	524810.95
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).....	39.81	693.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	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))..... ▶	40618.87	528004.38
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	40618.87	528004.38

**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 .....	183.94	876.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	183.94	876.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	42500.00	165000.00
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 .....	104500.00	191650.00
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)) ..	147183.94	357526.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	147183.94	357526.96

**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) .....	38079.06	524810.95
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	38079.06	524810.95
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	183.94	876.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	39.81	693.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	144.13	183.53

**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 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Francis J Abdou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3828 White Chapel Way  
 City Raleigh State NC Zip Code 27615-1658  
 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 ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AE1FD136CACC34B738C0**  
 Amount of Each Receipt this Period 100.00

**B. Sikander Adeni MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 Laguna Grande  
 City Austin State TX Zip Code 78734-1911  
 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 06 / 30 / 2015  
**Transaction ID : AA39F780C92624FE6968**  
 Amount of Each Receipt this Period 125.00

**c. John M Aguiar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4050 Sw 140 Ave  
 City Davie State FL Zip Code 33330-5717  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Customer Service  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 429.01

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AA24F904600CA41D4ACD**  
 Amount of Each Receipt this Period 39.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 264.00  
**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 7 OF 117
	<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 M Aguiar**  
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330-5717

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **468.01**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : AC09E1C3105984C9D89A**

Amount of Each Receipt this Period **39.00**

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

Mailing Address 11814 Elmscourt

City San Antonio State TX Zip Code 78230-2767

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 ▼ **220.00**

Date of Receipt **06 / 15 / 2015**

**Transaction ID : AA581BC60C1D643308A5**

Amount of Each Receipt this Period **20.00**

Payroll Deduction

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

Mailing Address 11814 Elmscourt

City San Antonio State TX Zip Code 78230-2767

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 ▼ **240.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : AE4B11A608E3A456FA37**

Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **79.00**

**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 8 OF 117
<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) <b>A. Shannon S Allen</b>		Date of Receipt
Mailing Address 10200 Waters Dr		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Irving	TX	75063-5352
FEC ID number of contributing federal political committee.		Transaction ID : <b>AE1CAC94C3E654E5585D</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="53.27"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	Dir IS Clinic Systems	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="585.97"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Shannon S Allen</b>		Date of Receipt
Mailing Address 10200 Waters Dr		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Irving	TX	75063-5352
FEC ID number of contributing federal political committee.		Transaction ID : <b>A2975F01679E64C12B96</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="53.27"/>
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Dir IS Clinic Systems	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="639.24"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Robert Alphin MD</b>		Date of Receipt
Mailing Address 4028 John S Raboteau Wynd		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code
Raleigh	NC	27612-5329
FEC ID number of contributing federal political committee.		Transaction ID : <b>AFCD74CC37F2D47D29A9</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
American Anesthesiology of North Carol	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="206.54"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 117
	<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**

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

Mailing Address 20351 Sw 1st St

City Pembroke Pines	State FL	Zip Code 33029-5025
------------------------	-------------	------------------------

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 ▼ **211.25**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : AFE6118E9993842D4A85**

Amount of Each Receipt this Period  
**30.00**

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

Mailing Address 1299 Walnut Terrace

City Boca Raton	State FL	Zip Code 33486-5566
--------------------	-------------	------------------------

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 ▼ **687.50**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 15 / 2015**

**Transaction ID : A10A8E5FF187E4E218BB**

Amount of Each Receipt this Period  
**62.50**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Michael Ames**

Mailing Address 1299 Walnut Terrace

City Boca Raton	State FL	Zip Code 33486-5566
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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 ▼ **750.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A5B699B4480CE43409A6**

Amount of Each Receipt this Period  
**62.50**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>155.00</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:	PAGE 10 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City	State	Zip Code
Albuquerque	NM	87107-6529

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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A58511AC050DC4726A2A**

Amount of Each Receipt this Period  

75.00
-------

**B. Dominic J Andreano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6803 Lost Garden Ter

City	State	Zip Code
Parkland	FL	33076-3952

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

Name of Employer	Occupation
Mednax Services, Inc.	SVP and Gen'l Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A2CD244BC99D24A0284D**

Amount of Each Receipt this Period  

250.00
--------

Payroll Deduction

**C. Dominic J Andreano**  
Full Name (Last, First, Middle Initial)

Mailing Address 6803 Lost Garden Ter

City	State	Zip Code
Parkland	FL	33076-3952

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

Name of Employer	Occupation
Mednax Services, Inc.	SVP and Gen'l Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : ACC1466E1C032431C9CB**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>575.00</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 11 OF 117
	<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. Pratihba Ankola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Sprain Valley Rd  
 # B12  
 City Scarsdale State NY Zip Code 10583-3105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group Neonatology an  
 Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A05CE470D4FEE4270A1C**  
 Amount of Each Receipt this Period  
 200.00

**B. Travis Ansley DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Crooked Stick Dr  
 City Rock Hill State SC Zip Code 29730-7056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of the Southea  
 Occupation: Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A7BE4CBC5A67C4790991**  
 Amount of Each Receipt this Period  
 50.00

**C. Martin Anyebuno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5722 Moccasin Run  
 City Rockford State IL Zip Code 61109-6104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Illinois, P  
 Occupation: Corporate Medical Directr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A309E6077C8B94A61A5C**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<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 12 OF 117
	<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. Eddie Arredondo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1827 Magliano Drive  
 City Boynton Beach State FL Zip Code 33436-1109  
 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 ▼ 275.00

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : A42A7D483299F427EBE4**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**B. Eddie Arredondo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1827 Magliano Drive  
 City Boynton Beach State FL Zip Code 33436-1109  
 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 ▼ 300.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : A3E178A2A77B94A37885**  
 Amount of Each Receipt this Period 25.00

**C. Jennifer F Arriza**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 nw 80th ave Apartment 104  
 City Margate State FL Zip Code 33063-4161  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Applications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : A30961C0F39614AD9974**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00  
**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 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer F Arriza</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : A98F57A75328642D9BEC</b>
Mailing Address 601 nw 80th ave Apartment 104		Amount of Each Receipt this Period 500.00
City Margate	State FL	
Zip Code 33063-4161		Aggregate Year-to-Date ▼ 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer Mednax Services, Inc.	Occupation VP Applications	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) <b>B. Ronda K Ash</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2015 <b>Transaction ID : A78E8FCA4AE904B388FD</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 113.26
City Delray Beach	State FL	
Zip Code 33445-5650		Payroll Deduction
FEC ID number of contributing federal political committee. C		
Name of Employer American Anesthesiology, Inc.	Occupation Dir CodingANES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Aggregate Year-to-Date ▼ 1245.36		

Full Name (Last, First, Middle Initial) <b>C. Ronda K Ash</b>		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 <b>Transaction ID : ABC3725049965453584F</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 113.26
City Delray Beach	State FL	
Zip Code 33445-5650		Aggregate Year-to-Date ▼ 1358.62
FEC ID number of contributing federal political committee. C		
Name of Employer American Anesthesiology, Inc.	Occupation Dir CodingANES	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.52
<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 14 OF 117
	<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. Erhan Atasoy MD**

Mailing Address 4756 Sharpstone Lane

City Raleigh State NC Zip Code 27615-1680

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 ▼ **300.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : AED14D3DEE6AC4DE2972**

Amount of Each Receipt this Period **50.00**

Full Name (Last, First, Middle Initial)  
**B. Christine N Aune MD**

Mailing Address 15814 Seekers St

City San Antonio State TX Zip Code 78255-3303

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 ▼ **550.00**

Date of Receipt **06 / 15 / 2015**

**Transaction ID : A0E23E4482E4B4B3D90C**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Christine N Aune MD**

Mailing Address 15814 Seekers St

City San Antonio State TX Zip Code 78255-3303

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 ▼ **600.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : ADA7A9A28FC774892A65**

Amount of Each Receipt this Period **50.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **150.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 117
	<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. Ronald S Bank MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1642 White Pine Drive  
 City Vienna State VA Zip Code 22182-1963  
 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 **450.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AD6FCE7B43542478C812**  
 Amount of Each Receipt this Period **75.00**

**B. John L Bankston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Pembroke Dr  
 City Palm Beach Gardens State FL Zip Code 33418-4611  
 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 **750.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A7637C85C9D21426CA3C**  
 Amount of Each Receipt this Period **125.00**

**C. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409-0504  
 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 **275.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A71FFC34139E84FE0B9A**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 117
	<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. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409-0504  
 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 **300.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A24B0A4DEC91441E1839**  
 Amount of Each Receipt this Period **250.00**

**B. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City San Antonio State TX Zip Code 78230-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2750.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : AFE5273EA64F148DA8D2**  
 Amount of Each Receipt this Period **250.00**  
 Payroll Deduction

**C. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City San Antonio State TX Zip Code 78230-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3000.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AAD39A9242E994F7AB69**  
 Amount of Each Receipt this Period **250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**  
**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 17 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Virgil E Bean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Williams Road

City Wilmington	State NC	Zip Code 28409-4830
--------------------	-------------	------------------------

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 ▼  
275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : AE4B56180AB3B414D96E**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B. Virgil E Bean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Williams Road

City Wilmington	State NC	Zip Code 28409-4830
--------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A50AC5A5E192B45B7B66**

Amount of Each Receipt this Period  
25.00

**C. Rosaire J Belizaire MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Grand Pointe Boulevard

City Lafayette	State LA	Zip Code 70508-7362
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Louisiana,	Occupation Corp Med Director NICU
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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  
 06 / 30 / 2015  
**Transaction ID : A7CCEB0CD017D42EAB57**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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:	PAGE 18 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Valerie J Bell MD</b>			Date of Receipt
Mailing Address 2973 Cheroakwood Lane			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : AC026EF8D3C7E4DBF8DC</b>
Rockford	IL	61114-6247	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="75.00"/>
Name of Employer	Occupation		
Pediatric Medical Group of Illinois, P	Med Dir Ped Hosp		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Jwalanaiah Bellur MD</b>			Date of Receipt
Mailing Address 6521 NE 21 Way			<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A4E88C3966BED4DC48B1</b>
Ft Lauderdale	FL	33308-1062	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="50.00"/>
Name of Employer	Occupation		
Pediatric Medical Group of Florida, In	Medical Director NICU		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jennifer L Benoit</b>			Date of Receipt
Mailing Address 13830 SW 33rd Court			<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A5658B9CE14B54DE8990</b>
Davie	FL	33330-4688	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="20.00"/>
Name of Employer	Occupation		Payroll Deduction
Pediatric Medical Group, Inc.	Dir Office Based Ops		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 117
	<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. Jennifer L Benoit**  
Full Name (Last, First, Middle Initial)

Mailing Address 13830 SW 33rd Court

City Davie State FL Zip Code 33330-4688

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 ▼ **240.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : **AC7BCF3621A4D4098BEA**

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

**B. Arthur F Bergh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 460 Lanternback Island Drive # 1508

City Satellite Beach State FL Zip Code 32937-4709

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : **A9D26FD90EE194A1E88C**

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

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

Mailing Address 8050 Colonial Woods

City Boerne State TX Zip Code 78015-4992

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 ▼ **495.00**

Date of Receipt: **06 / 15 / 2015**

Transaction ID : **A4797AF0AB93E4EC1BCD**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 117
	<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. Timothy Biela MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Colonial Woods

City Boerne State TX Zip Code 78015-4992

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 ▼ **540.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A46345EC499E24626B79**

Amount of Each Receipt this Period: **45.00**

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

Mailing Address 1405 North Topsail Dr

City Surf City State NC Zip Code 28445-6793

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 ▼ **200.64**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A6EE4AC38AFE44AE98CC**

Amount of Each Receipt this Period: **16.72**

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

Mailing Address 619 Brae Burn Drive

City Martinez State GA Zip Code 30907-9130

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 ▼ **300.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A468740E9E8814637972**

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

**SUBTOTAL** of Receipts This Page (optional)..... **111.72**

**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 117
	<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 R Breed MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 S College St

City Georgetown	State TX	Zip Code 78626-7020
--------------------	-------------	------------------------

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 ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A754627CA05054728943**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. David R Breed MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 S College St

City Georgetown	State TX	Zip Code 78626-7020
--------------------	-------------	------------------------

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 ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A7796BE6E2E97464B928**

Amount of Each Receipt this Period  
100.00

**C. Howard Brenker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6566 NW 99 Lane

City Parkland	State FL	Zip Code 33076-2340
------------------	-------------	------------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A8A741E216F1F42DB89F**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 22 OF 117
	<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. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Drive  
 City Wilmington State NC Zip Code 28405-5335  
 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 ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A8E789A5CF3C04E9E9C3**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**B. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Drive  
 City Wilmington State NC Zip Code 28405-5335  
 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 ▼ 300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : AB26E1C88850B4B86BE4**  
 Amount of Each Receipt this Period 25.00

**c. Robert C Bryant**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12717 W Sunrise Blvd 256  
 City Sunrise State FL Zip Code 33323-0902  
 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 ▼ 2499.96

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A33AE080E4F234926992**  
 Amount of Each Receipt this Period 416.66

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	466.66
<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 117
	<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. Noah S Bunker MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Hedge Lane  
City Austin State TX Zip Code 78746-3207  
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 **275.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : AF01AF2DA5FA94A7B9AC**  
Amount of Each Receipt this Period **25.00**  
Payroll Deduction

**B. Noah S Bunker MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2 Hedge Lane  
City Austin State TX Zip Code 78746-3207  
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 **300.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A227168C48B3B4488B3B**  
Amount of Each Receipt this Period **25.00**  
Payroll Deduction

**C. Andrew Sean Campbell**  
Full Name (Last, First, Middle Initial)  
Mailing Address 423 Westridge Circle  
City Anaheim State CA Zip Code 92807-3722  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pediatrix Medical Group, Inc. Occupation Reg Dir Patient Accts15  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **660.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A5266CBC9BD7C481D85E**  
Amount of Each Receipt this Period **60.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **110.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 117
	<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. Andrew Sean Campbell**  
Full Name (Last, First, Middle Initial)

Mailing Address 423 Westridge Circle

City Anaheim	State CA	Zip Code 92807-3722
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AA008FD35FFC34B14B5B**

Amount of Each Receipt this Period  

60.00
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**B. William D Caplan MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Edloe

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A6CF0E44624904DE3A97**

Amount of Each Receipt this Period  

200.00
--------

**C. Barbara Carr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14116 Fontana

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A87DED2C14B8F419592F**

Amount of Each Receipt this Period  

100.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>360.00</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 25 OF 117
	<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. Paul T Carrell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5215 Buckman Mountain Rd

City Austin	State TX	Zip Code 78746
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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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A5072B973038F4C4AA7B**

Amount of Each Receipt this Period  

100.00
--------

**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 32250-6783
----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A932816CA00A94C9EAFD**

Amount of Each Receipt this Period  

125.00
--------

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

Mailing Address 8873 Cravenwood Dr

City Oak Ridge	State NC	Zip Code 27310-4801
-------------------	-------------	------------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A1DAA3421D9BE4FBA90B**

Amount of Each Receipt this Period  

50.00
-------

<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 26 OF 117
	<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 Catland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8620 Wood Forest

City San Antonio	State TX	Zip Code 78251-2542
---------------------	-------------	------------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A7E71C9E89B334367B5A**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

**B. Deborah Catland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8620 Wood Forest

City San Antonio	State TX	Zip Code 78251-2542
---------------------	-------------	------------------------

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A529310C5507042D7A20**

Amount of Each Receipt this Period  

20.00
-------

**C. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 Winslow Way

City Swansea	State MA	Zip Code 02777
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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 ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A1EB74EDD5EEEE45EEB15**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 27 OF 117
	<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. Donald H Chace PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Winslow Way  
 City Swanssea State MA Zip Code 02777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A9A8C2339979044F2AF6**  
 Amount of Each Receipt this Period  
 50.00

**B. Russell Cheaney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Greenway Dr  
 City Shelby State NC Zip Code 28150-6215  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A346702A8B7A141B198C**  
 Amount of Each Receipt this Period  
 50.00

**C. Elmer K Choi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Park Street SE  
 City Vienna State VA Zip Code 22180-5806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A0216FFCB02FD496CA05**  
 Amount of Each Receipt this Period  
 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<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 28 OF 117
	<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. Reese H Clark MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11539 NW 72nd Place

City Parkland	State FL	Zip Code 33076-3352
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A857CD4AEB29E4BB7981**

Amount of Each Receipt this Period  
100.00

**B. Bobby Clifton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Montrose Dr

City Shelby	State NC	Zip Code 28150-6047
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A25807284DDDB4BE0AEC**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2208 Hastings Dr

City Charlotte	State NC	Zip Code 28207-2428
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A99B959E795BB4EED840**

Amount of Each Receipt this Period  
75.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<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 29 OF 117
	<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. Cameron Cole MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8239 New Cut Rd  
 City Campo Bello State SC Zip Code 29322-8733  
 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 **750.00**

Date of Receipt: **06 / 30 / 2015**  
**Transaction ID : A82D28CB9911646E18C2**  
 Amount of Each Receipt this Period: **125.00**

**B. Jose Colindres MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16775 NW 20 Street  
 City Pembroke Pines State FL Zip Code 33028-2013  
 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 **1500.00**

Date of Receipt: **06 / 30 / 2015**  
**Transaction ID : AE7172A2F6BB648A5924**  
 Amount of Each Receipt this Period: **250.00**

**C. Steve Collins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10468 Laurel Road  
 City Davie State FL Zip Code 33328-1358  
 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 **3000.00**

Date of Receipt: **06 / 30 / 2015**  
**Transaction ID : AB12F13CABC3E4B439FA**  
 Amount of Each Receipt this Period: **500.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 117
	<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. Larry Consenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Farmer St  
 City Syracuse State NY Zip Code 13203-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group Neonatology an Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A3D624DE4FAD34D45B2E**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Larry Consenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Farmer St  
 City Syracuse State NY Zip Code 13203-1303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group Neonatology an Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A3B5DB6BE5A554EBF97B**  
 Amount of Each Receipt this Period  
 50.00

**C. Elizabeth K Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7736 Norwich Road  
 City Powell State TN Zip Code 37849-4600  
 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 ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A3D4E00C8BD344AE1A9B**  
 Amount of Each Receipt this Period  
 40.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	140.00
<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: PAGE 31 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Elizabeth K Cook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7736 Norwich Road  
 City Powell State TN Zip Code 37849-4600  
 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 **280.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AA4DFC366C2264A138BF**  
 Amount of Each Receipt this Period: **40.00**

**B. William B Corkey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1413 Dogwood Lane  
 City Raleigh State NC Zip Code 27607-6854  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of North Carol, Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **510.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : ABDAA49CC2AE84AB998F**  
 Amount of Each Receipt this Period: **85.00**

**C. Frances C Cox**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 304 Saffron Springs  
 City Buda State TX Zip Code 78610-5177  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc., Occupation: Reg HS Manager  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : AEEBF4E292DB949D8987**  
 Amount of Each Receipt this Period: **25.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 117
	<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. Frances C Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address 304 Saffron Springs

City	State	Zip Code
Buda	TX	78610-5177

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A49F24DC30E1846E2B06**

Amount of Each Receipt this Period  

25.00
-------

**B. Amanda R Crow MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 414 Cutler Street

City	State	Zip Code
Raleigh	NC	27603-1922

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

Name of Employer	Occupation
American Anesthesiology of North Carol	Anesthesiologist Assoc

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
06	/	30	/	2015

**Transaction ID : A843A20D5FD434B92878**

Amount of Each Receipt this Period  

35.00
-------

**C. Margaret D Davis MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5115 Park Drive

City	State	Zip Code
Vermilion	OH	44089-1416

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A099A9464F7D441C3AAA**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</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 34 OF 117
	<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. Matthew J Devine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Needham Court  
 City Delray Beach State FL Zip Code 33445-7141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 15 / 2015  
**Transaction ID : A032BFFFE8616416B8E2**  
 Amount of Each Receipt this Period 208.33  
 Payroll Deduction

**B. Matthew J Devine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Needham Court  
 City Delray Beach State FL Zip Code 33445-7141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A7EDAE4D7E44546C4AFE**  
 Amount of Each Receipt this Period 208.33  
 Payroll Deduction

**C. 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 ▼ 275.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : A1D2369663BF84776BF0**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.66
<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 35 OF 117
	<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. 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 ▼ 300.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AE8CBF1A391014668959**  
 Amount of Each Receipt this Period: 25.00

**B. Susan A Dotzler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Ashbury Bay  
 City San Antonio State TX Zip Code 78258-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc.  
 Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : ACA2B8A1018DE449C857**  
 Amount of Each Receipt this Period: 100.00

**C. James Doyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2137 Queens Road East  
 City Charlotte State NC Zip Code 28207-2729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of the Southea  
 Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A7F26421FC8E04A19B45**  
 Amount of Each Receipt this Period: 100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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 117
	<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. Cedric Dupont MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Pascal Lane  
 City Austin State TX Zip Code 78746-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Texas, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AC7647F43CF864B6E898**  
 Amount of Each Receipt this Period 100.00

**B. Julie Dyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7710 Scrapeshin Trail Apt 107  
 City Chattanooga State TN Zip Code 37421-4289  
 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 ▼ 220.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AA0302F19DC7545FD8C5**  
 Amount of Each Receipt this Period 20.00  
 Payroll Deduction

**c. Julie Dyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7710 Scrapeshin Trail Apt 107  
 City Chattanooga State TN Zip Code 37421-4289  
 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 ▼ 240.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A00A921D2B6EF4CEC9FF**  
 Amount of Each Receipt this Period 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 140.00  
**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 37 OF 117
	<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. Charlene D Edwards MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sailview Cove

City Greensboro	State NC	Zip Code 27455-3449
--------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A82A41C8D6EC04B80BA7**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 110 Oxford Circle

City Bossier City	State LA	Zip Code 71111-2279
----------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group of Louisiana,	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AB9A6AB0AF07044A89F3**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 3127 Windsong Dr

City Oakton	State VA	Zip Code 22124-1832
----------------	-------------	------------------------

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 ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : ACF9C6AE18A574E0189F**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 117
	<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. Judson H Evans MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2614 Mimosa Place  
 City State Zip Code  
 Wilmington NC 28403-4024  
 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 ▼  
 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A4881D0EDEB3D46EBA7E**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

**B. Judson H Evans MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2614 Mimosa Place  
 City State Zip Code  
 Wilmington NC 28403-4024  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A1CB8F5132BEC4CEFBE4**  
 Amount of Each Receipt this Period  
 25.00

**C. Charles L Ewell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Blair Street  
 City State Zip Code  
 Greensboro NC 27408-7401  
 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : ABFA7E318D1F346C2BFB**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<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 39 OF 117
	<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. Claire M Fair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3353 Emerald Oaks Drive 102 # 102  
 City Hollywood State FL Zip Code 33021-8434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 15 / 2015  
**Transaction ID : A8023665F9CD348578B8**  
 Amount of Each Receipt this Period 208.33  
 Payroll Deduction

**B. Claire M Fair**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3353 Emerald Oaks Drive 102 # 102  
 City Hollywood State FL Zip Code 33021-8434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2015  
**Transaction ID : ACB275F1DBDEF459C86C**  
 Amount of Each Receipt this Period 208.33

**C. Alan Fishman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Los Gatos Blvd  
 City Los Gatos State CA Zip Code 95030-6122  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of California, Occupation Corporate Medical Directr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AA3D021B0BB5D42D5A31**  
 Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	916.66
<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 40 OF 117
	<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. William E Fitzgerald MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2903 Hamden Drive  
 City Greensboro State NC Zip Code 27405-3676  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A68E70E300E464C1C979**  
 Amount of Each Receipt this Period  
 50.00

**B. Alexander F Fortune MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 906 W Cornwallis Drive  
 City Greensboro State NC Zip Code 27408-5623  
 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A7EFBEE92FDCC4028AB5**  
 Amount of Each Receipt this Period  
 50.00

**C. Richard Franklin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2207 Peninsula Ave  
 City Shelby State NC Zip Code 28150-9609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A920C9CF23CD14D5888C**  
 Amount of Each Receipt this Period  
 85.00

**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 41 OF 117
	<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. Michael Friedman MD**

Mailing Address 294 Iven Avenue  
Apt 3D

City Wayne State PA Zip Code 19087-4904

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 ▼ **333.32**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A76880D541CBA4C4C86C**

Amount of Each Receipt this Period: **83.33**

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332-2493

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt: **06 / 15 / 2015**

**Transaction ID : A1B6C98CF99964F8D8AC**

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

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332-2493

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A03F21BD96C594FB2BAF**

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

**SUBTOTAL** of Receipts This Page (optional)..... **283.33**

**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: PAGE 42 OF 117  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

**A. Paul Gabos**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7742 Still Lakes Dr  
 City Odessa State FL Zip Code 33556-2260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Inc. Occupation Mednax Board Of Directors  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 18 / 2015  
**Transaction ID : A63C692F0623B4451B54**  
 Amount of Each Receipt this Period  
 5000.00

**B. Josephine Gambardella MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Priory Place  
 City McLean State VA Zip Code 22101-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A50938963E052453A992**  
 Amount of Each Receipt this Period  
 100.00

**C. Barclay Gang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 738 NE 74 St Apt 2801  
 City Miami State FL Zip Code 33138-5232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Staff Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 708.37

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A604C8F04B194443CA6D**  
 Amount of Each Receipt this Period  
 41.67  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5141.67  
**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 43 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 738 NE 74 St  
Apt 2801

City Miami State FL Zip Code 33138-5232

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.04

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AA720054A6E354C279B5**

Amount of Each Receipt this Period 41.67

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

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023-4640

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2291.63

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AD9DA0BDFAB0C464EB2E**

Amount of Each Receipt this Period 208.33

Payroll Deduction

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

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023-4640

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A412A45AB387546F4968**

Amount of Each Receipt this Period 208.33

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 458.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706  
 Apt 706  
 City Los Angeles State CA Zip Code 90015-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **687.50**

Date of Receipt: **06 / 15 / 2015**  
**Transaction ID : A0416DB3C07B3436A9CC**  
 Amount of Each Receipt this Period: **62.50**  
 Payroll Deduction

**B. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706  
 Apt 706  
 City Los Angeles State CA Zip Code 90015-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt: **06 / 30 / 2015**  
**Transaction ID : AC72671038F0C465CA15**  
 Amount of Each Receipt this Period: **62.50**

**C. Richard Gilbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Coconut Drive  
 Apt 104  
 City Ft Lauderdale State FL Zip Code 33315-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology, Inc. Occupation: VP Chief Med Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt: **06 / 30 / 2015**  
**Transaction ID : AC9B7551A30644B369D7**  
 Amount of Each Receipt this Period: **100.00**

**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 117
<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 32302-0048

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 ▼ **550.00**

Date of Receipt: **06 / 15 / 2015**  
Transaction ID : **A4A5D5686A3BA47D68DB**

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

Payroll Deduction

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

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302-0048

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 ▼ **600.00**

Date of Receipt: **06 / 30 / 2015**  
Transaction ID : **A56BAF5CE35044163832**

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

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

City Parkland State FL Zip Code 33076-4536

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **660.00**

Date of Receipt: **06 / 15 / 2015**  
Transaction ID : **A8C56BDAD0B73468B84C**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 117
	<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. Jennifer Granberry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7700 NW 120th Drive  
 City Parkland State FL Zip Code 33076-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Org Dev  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **720.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AD1C82B98A6764C839C3**  
 Amount of Each Receipt this Period **60.00**

**B. Katherine Grichnik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue Unit 1405  
 City Miami Beach State FL Zip Code 33141-4642  
 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 **1100.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A7C278879F63248BA88A**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**C. Katherine Grichnik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue Unit 1405  
 City Miami Beach State FL Zip Code 33141-4642  
 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 **1200.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A9CF9BB36537C4E04BFA**  
 Amount of Each Receipt this Period **100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**  
**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 117
	<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. Samuel W Grossmann**  
Full Name (Last, First, Middle Initial)

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064-8938

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1272.04

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AF0927B8B0EB648CEAEA**

Amount of Each Receipt this Period 115.64

Payroll Deduction

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

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064-8938

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1387.68

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A1050122115C842D396F**

Amount of Each Receipt this Period 115.64

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

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173-6774

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : ABA0C14A3B0D34188B8A**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 331.28

**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: PAGE 48 OF 117 (check only one)
<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 6317 Shinn Creek Lane

City Wilmington	State NC	Zip Code 28409-2152
--------------------	-------------	------------------------

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 ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A85C88EBAE0184B4CA5B**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 6317 Shinn Creek Lane

City Wilmington	State NC	Zip Code 28409-2152
--------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A2F8C8BC268784D92AC2**

Amount of Each Receipt this Period  
25.00

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

Mailing Address 200 Chimney Rock

City Houston	State TX	Zip Code 77024-5606
-----------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
499.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A215467953F0A4434958**

Amount of Each Receipt this Period  
83.33

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	133.33
<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 49 OF 117
	<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. John F Hatchett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5904 Snow Hill Drive  
 City Summerfield State NC Zip Code 27358-9123  
 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 ▼ 300.00

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : A14CAD7245F444C4C9F8**  
 Amount of Each Receipt this Period 50.00

**B. William Hawk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1542 SE 13th Street  
 City Ft Lauderdale State FL Zip Code 33316-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Div COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2520.87

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : AE84CCDD1BB7A4CE6850**  
 Amount of Each Receipt this Period 229.17  
 Payroll Deduction

**C. William Hawk**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1542 SE 13th Street  
 City Ft Lauderdale State FL Zip Code 33316-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Div COO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.04

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : AA57C8B6D4745478FB71**  
 Amount of Each Receipt this Period 229.17

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 508.34  
**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 50 OF 117
	<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. Ronald K Hebert Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 SE 36th Place

City Homestead	State FL	Zip Code 33033-5953
-------------------	-------------	------------------------

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 ▼ **208.35**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A94B92BF808BA49448D2**

Amount of Each Receipt this Period  

41.67
-------

Payroll Deduction

**B. Ronald K Hebert Jr**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 SE 36th Place

City Homestead	State FL	Zip Code 33033-5953
-------------------	-------------	------------------------

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 ▼ **250.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AF57F2693CBA2473FA7E**

Amount of Each Receipt this Period  

41.67
-------

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

Mailing Address 8 Ranch Terrace

City Fair Oaks	State TX	Zip Code 78015-8368
-------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AA593E4D3FF394639986**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.34</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 51 OF 117
	<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. Cody Henderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Ranch Terrace  
 City Fair Oaks State TX Zip Code 78015-8368  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AB5256E610E5340C38B2**  
 Amount of Each Receipt this Period: 50.00

**B. Adam S Hodierne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W Bessemer Avenue  
 City Greensboro State NC Zip Code 27401-1403  
 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 **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A858A7FB9CCC84AB5890**  
 Amount of Each Receipt this Period: 50.00

**C. Brent Holway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 Stonestrow Court  
 City Charlotte State NC Zip Code 28226-6493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A487D35D8EBE641E4BB2**  
 Amount of Each Receipt this Period: 50.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 117
<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. 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 ▼  
 433.32

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : AE8794C79B77E4DBA9BE**  
 Amount of Each Receipt this Period  
 83.33

**B. Ayne K Iafolla MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14220 Cervantes Avenue  
 City State Zip Code  
 Darnestown MD 20874-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix of Maryland, P.A. 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  
 06 / 30 / 2015  
**Transaction ID : A9002CFF421274645A02**  
 Amount of Each Receipt this Period  
 150.00

**C. Amy V Isenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Captains Lane  
 City State Zip Code  
 Wilmington NC 28409-3604  
 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 ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A351857E71A6941668F7**  
 Amount of Each Receipt this Period  
 20.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	253.33
<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 53 OF 117
	<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. Amy V Isenberg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Captains Lane

City Wilmington State NC Zip Code 28409-3604

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 ▼ 240.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A86F6F189D8B4455896A**

Amount of Each Receipt this Period 200.00

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

Mailing Address 305 Club Colony Cir

City Blythewood State SC Zip Code 29016-8282

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 833.32

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A0DF556F523BD4430A5A**

Amount of Each Receipt this Period 208.33

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

Mailing Address 420 Hendon Row Way

City Fort Mill State SC Zip Code 29715-6904

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AFCBA85563255494EA0F**

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 328.33

**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 117
	<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. Paul Jaszewski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 19449 Peninsula Shores Drive  
 City State Zip Code  
 Cornelius NC 28031-7583  
 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 ▼  
 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A3BD9729EF5184763887**  
 Amount of Each Receipt this Period  
 75.00

**B. Jeffrey M Jekot MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3804 Woodcutter's Way  
 City State Zip Code  
 Austin TX 78746-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Texas, Inc. Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A73399223C2204E4AA88**  
 Amount of Each Receipt this Period  
 100.00

**C. 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 ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A21242E6BF77E4079B35**  
 Amount of Each Receipt this Period  
 50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<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: PAGE 55 OF 117  
(check only one)

<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. Peggy L Jenkins**

Mailing Address 9432 Green Terrace Drive

City Dallas	State TX	Zip Code 75220-5138
----------------	-------------	------------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A10254403E8274E12A40**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

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

Mailing Address 9432 Green Terrace Drive

City Dallas	State TX	Zip Code 75220-5138
----------------	-------------	------------------------

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AD708D9EF551447AD9F6**

Amount of Each Receipt this Period  

20.00
-------

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

Mailing Address 3511 N 1590 W

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AB6049175BD134EF5912**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>90.00</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 56 OF 117
	<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. Shannon L Jenkins DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 N 1590 W  
 City Pleasant Grove State UT Zip Code 84062-9014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A4472B02521A84CCF9EF**  
 Amount of Each Receipt this Period: **50.00**

**B. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Drive N  
 City Greensboro State NC Zip Code 27403-1560  
 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 **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AEB1C9715566B4917AB2**  
 Amount of Each Receipt this Period: **50.00**

**C. Debra F Kaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11224 Handlebar Rd  
 City Reston State VA Zip Code 20191-3908  
 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 **1111.71**

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : A2A9745D632D54E36895**  
 Amount of Each Receipt this Period: **83.33**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **183.33**  
**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 57 OF 117
<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. Debra F Kaspar**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11224 Handlebar Rd  
City Reston State VA Zip Code 20191-3908  
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 **1195.04**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AA06DCF2A6DD24CFFA04**  
Amount of Each Receipt this Period **83.33**

**B. Mark C Katris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3440 NE 15th Avenue  
City Oakland Park State FL Zip Code 33334-5354  
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 **825.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : ACD2DF82986A247AD814**  
Amount of Each Receipt this Period **75.00**  
Payroll Deduction

**C. Mark C Katris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3440 NE 15th Avenue  
City Oakland Park State FL Zip Code 33334-5354  
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 **900.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A1AB04B0D4ECE4DAEB72**  
Amount of Each Receipt this Period **75.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>233.33</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 58 OF 117
<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 Kenton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 302 W Lynwood Ave

City San Antonio	State TX	Zip Code 78212-2592
---------------------	-------------	------------------------

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 ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AE3276CB110E844DDAE4**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

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

Mailing Address 302 W Lynwood Ave

City San Antonio	State TX	Zip Code 78212-2592
---------------------	-------------	------------------------

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 ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A50BE0B59AFFA4E8AB8E**

Amount of Each Receipt this Period  
200.00

**C. Elizabeth Krueger MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Valley Brook Road

City Nashville	State TN	Zip Code 37215-2019
-------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group of Tennessee,	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AA044FB0A042C4C7A939**

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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 59 OF 117
	<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. Tony M Lacaze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75033-0144

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 ▼ 2291.63

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : AFAF3FB3BAFFC423ABE/**

Amount of Each Receipt this Period: 208.33

Payroll Deduction

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

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75033-0144

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 ▼ 2499.96

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A6A163B642E6F4C62AD5**

Amount of Each Receipt this Period: 208.33

**C. 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 ▼ 600.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AAFB0F747195C4CC49B3**

Amount of Each Receipt this Period: 100.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 516.66

**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 60 OF 117
	<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. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2555 E Plateau Drive

City Boise	State ID	Zip Code 83712-7562
---------------	-------------	------------------------

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

Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AD095FD3168BE4FA6A62**

Amount of Each Receipt this Period  

62.50
-------

Payroll Deduction

**B. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2555 E Plateau Drive

City Boise	State ID	Zip Code 83712-7562
---------------	-------------	------------------------

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

Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AAD2EB86D7F2344D5B6E**

Amount of Each Receipt this Period  

62.50
-------

**C. Barry M Lawson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5497 170 Place SE

City Bellevue	State WA	Zip Code 98006-5527
------------------	-------------	------------------------

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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AFACBB3B57C474DC1B65**

Amount of Each Receipt this Period  

50.00
-------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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 61 OF 117
	<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. Vicki Leamy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523-5891

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt: **06 / 15 / 2015**

**Transaction ID : A6A928BC801064656B3B**

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

Payroll Deduction

**B. Vicki Leamy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523-5891

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A1FB5F36A41764039811**

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

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

Mailing Address 1806 Intervail Dr

City Austin State TX Zip Code 78746-7629

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A3C082238B851477EBD9**

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

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

**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 117
	<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) <b>A. Eric Leung MD</b>		Date of Receipt
Mailing Address 2720 Boyer Ave E 1900		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Seattle	State WA	Zip Code 98102-3932
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A68F1F6798D9E46DBAE8</b>
Name of Employer Pediatrix Medical Group of Washington,	Occupation Corp Med Director NICU	Amount of Each Receipt this Period <input type="text" value="200.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Peter Levine</b>		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="06"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Weston	State FL	Zip Code 33327-2385
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A3B86F2D9B8E24DD2808</b>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional Counsel	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1100.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Peter Levine</b>		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City Weston	State FL	Zip Code 33327-2385
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A6E74BFB214FC4C03B26</b>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional Counsel	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="400.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Jacquelyn A Liberto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2543 Jardin Terrace  
 City Weston State FL Zip Code 33327-1517  
 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 ▼ **375.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A8A28986AB4904ACCAFF**  
 Amount of Each Receipt this Period **62.50**  
 Payroll Deduction

**B. Jacquelyn A Liberto**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2543 Jardin Terrace  
 City Weston State FL Zip Code 33327-1517  
 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 ▼ **437.50**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A8EBFB8A54D304525934**  
 Amount of Each Receipt this Period **62.50**

**C. Beverly Gail Lim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 NE 4th Street  
 City Boca Raton State FL Zip Code 33432-4033  
 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 ▼ **2400.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A48D18AAFE7F44B628CF**  
 Amount of Each Receipt this Period **400.00**

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 117
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 134 Perrin Place  
Apt 3A

City Charlotte State NC Zip Code 28207-2222

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 ▼ 450.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AD848D2A568CA4127B61**

Amount of Each Receipt this Period 75.00

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

Mailing Address 7821 Night Hawk Road

City Chattanooga State TN Zip Code 37421-7304

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 ▼ 4000.02

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A424432F853264FB3946**

Amount of Each Receipt this Period 666.67

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

Mailing Address 6415 Hawksbill Dr

City Wilmington State NC Zip Code 28409-9207

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 ▼ 275.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AB7AB31BED5194C98BD3**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 766.67

**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 65 OF 117
	<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 E Lubanski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6415 Hawksbill Dr  
 City Wilmington State NC Zip Code 28409-9207  
 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 ▼ 300.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A12BC407FDEB44099B08**  
 Amount of Each Receipt this Period 25.00

**B. Steven A Lussos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Megill's Landing Lane  
 City Clifton State VA Zip Code 20124-1450  
 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 ▼ 300.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A5C9B5DE6C50641E8A38**  
 Amount of Each Receipt this Period 50.00

**C. 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 ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A10E452D9B5B24C5A956**  
 Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**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 117
	<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. Robert Manning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 NE 8th Avenue  
 City Ft Lauderdale State FL Zip Code 33301-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : A08708846C7C348CD8B6**  
 Amount of Each Receipt this Period 45.00  
 Payroll Deduction

**B. Robert Manning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 430 NE 8th Avenue  
 City Ft Lauderdale State FL Zip Code 33301-1212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : AD5FC3BA6D40E4FF7A19**  
 Amount of Each Receipt this Period 45.00

**C. Bruce Manno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1257 Ginger Circle  
 City Weston State FL Zip Code 33326-3630  
 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 ▼ 1439.35

Date of Receipt 06 / 15 / 2015  
**Transaction ID : AC03815473E694B108D4**  
 Amount of Each Receipt this Period 130.85  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 220.85  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 117
	<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. Bruce Manno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1257 Ginger Circle  
 City Weston State FL Zip Code 33326-3630  
 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 **1570.20**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A797528A940F54E5DAE3**  
 Amount of Each Receipt this Period **130.85**

**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 33301-2390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Regional President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.02**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A475F69B4129A4EA79EF**  
 Amount of Each Receipt this Period **416.67**

**C. Stefan R Maxwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Chatham Road  
 City Charleston State WV Zip Code 25304-2763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, P.C. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.02**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AF8EB884FBB3044B5A79**  
 Amount of Each Receipt this Period **416.67**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>964.19</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: PAGE 68 OF 117 (check only one)
<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"/>	<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 St Petersburg State FL Zip Code 33704-3729

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 ▼ **600.00**

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : A99FD4D6A7A4840128DA**

Amount of Each Receipt this Period  
**100.00**

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

Mailing Address 7528 Waterview Drive

City Cornelius State NC Zip Code 28031-8644

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

Name of Employer Occupation  
American Anesthesiology of the Southea Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : A9318BB47A1F84A9A95F**

Amount of Each Receipt this Period  
**75.00**

**C. Bahman Mehdizadeh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 25470 Prado De Las Bellotas

City Calabasas State CA Zip Code 91302-3658

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : A989306DCC9934ACA9CD**

Amount of Each Receipt this Period  
**100.00**

**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 69 OF 117
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial)  
**A. Hugh Miller MD**

Mailing Address 7417 N Secret Canyon Drive

City Tucson	State AZ	Zip Code 85718-1434
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FEC ID number of contributing federal political committee. **C**

Name of Employer Obstetrix Medical Group of Arizona, P.	Occupation Medical Director PERI
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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  
**06 / 30 / 2015**

**Transaction ID : A6EFBB872F18045B5A15**

Amount of Each Receipt this Period  
**150.00**

Full Name (Last, First, Middle Initial)  
**B. Melissa P Montague**

Mailing Address 228 Geese Landing

City Glen Allen	State VA	Zip Code 23060-5875
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1045.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 15 / 2015**

**Transaction ID : A6D0F91DD63AF4410A69**

Amount of Each Receipt this Period  
**95.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Melissa P Montague**

Mailing Address 228 Geese Landing

City Glen Allen	State VA	Zip Code 23060-5875
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1140.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : ACAFC3C7584CB4A90B53**

Amount of Each Receipt this Period  
**95.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>340.00</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 70 OF 117
	<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. Phillip L Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Dimock Way

City Wake Forest	State NC	Zip Code 27587-1653
---------------------	-------------	------------------------

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

Name of Employer American Anesthesiology of North Carol	Occupation Chief Anesthetist
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	05	/	2015

**Transaction ID : AF3977825B9E14B1F8D2**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

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

Mailing Address 512 Dimock Way

City Wake Forest	State NC	Zip Code 27587-1653
---------------------	-------------	------------------------

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

Name of Employer American Anesthesiology of North Carol	Occupation Chief Anesthetist
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

**Transaction ID : A77F9F9551A2F448484F**

Amount of Each Receipt this Period  

50.00
-------

**C. Michael S Moses MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12 Barraco Blvd

City Rhinebeck	State NY	Zip Code 12572-2145
-------------------	-------------	------------------------

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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A73C3D232B7B542E3B35**

Amount of Each Receipt this Period  

75.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>175.00</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 71 OF 117
	<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. Christopher P Murray MD**

Mailing Address 11566 Snow Creek Ave

City Las Vegas	State NV	Zip Code 89135-1668
-------------------	-------------	------------------------

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 ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A1ED46302EE7B4C69AC9**

Amount of Each Receipt this Period  

591.00
--------

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

Mailing Address 25135 Stageline Dr

City Laguna Hills	State CA	Zip Code 92653-5883
----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AEE3F24C4F8164101950**

Amount of Each Receipt this Period  

150.00
--------

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

Mailing Address 3101 Kennison Court

City Plano	State TX	Zip Code 75093-3451
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2496.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AC6B5BD5E21B04E98988**

Amount of Each Receipt this Period  

416.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>591.00</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 72 OF 117
	<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. Nathaniel P Nonoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 S 2nd Street  
 City Wilmington State NC Zip Code 28401-4405  
 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 ▼ 200.64

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A9847D2AD15CA4BC78DA**  
 Amount of Each Receipt this Period 16.72  
 Payroll Deduction

**B. Kathleen S O'Hara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 06 / 15 / 2015  
**Transaction ID : A3DB39CC8ED7E4283943**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Kathleen S O'Hara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2015  
**Transaction ID : A15D97B7E4CD34E8A907**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	116.72
<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 73 OF 117  
(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. Amil Ortiz MD**

Mailing Address 139 Park Ridge

City Boerne State TX Zip Code 78006-5712

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

Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 729.19

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : AD9AFE8C80C2440D4ADC**

Amount of Each Receipt this Period  
 104.17

Payroll Deduction

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

Mailing Address 139 Park Ridge

City Boerne State TX Zip Code 78006-5712

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

Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 833.36

Date of Receipt  
 06 / 30 / 2015  
**Transaction ID : A04864D7726B24E83BCA**

Amount of Each Receipt this Period  
 104.17

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431-8417

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

Name of Employer Occupation  
 Mednax Services, Inc. Dir Recruiting

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 06 / 15 / 2015  
**Transaction ID : AC9AA3F7B0AD44442874**

Amount of Each Receipt this Period  
 60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 268.34

**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 74 OF 117
	<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. Carey D Osborne**  
Full Name (Last, First, Middle Initial)

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431-8417

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : AD360C29CFCEA4EE4A15**

Amount of Each Receipt this Period **60.00**

**B. Eduardo A Otero MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Alahmbra Crcl

City Coral Gables State FL Zip Code 33134-2105

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

Name of Employer Pediatrix Medical Group, Inc. Occupation RVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : A6201DD2DFC964D01B14**

Amount of Each Receipt this Period **100.00**

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

Mailing Address 1100 Metropolitan Ave Unit 403

City Charlotte State NC Zip Code 28204-3408

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 ▼ **450.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : A39CA2D6CB1E14202AFA**

Amount of Each Receipt this Period **75.00**

**SUBTOTAL** of Receipts This Page (optional)..... **235.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 75 OF 117
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Michael S Paranka MD**

Mailing Address 10126 Summit View Pt

City Highland Ranch	State CO	Zip Code 80126-5516
------------------------	-------------	------------------------

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A4A930DA47804433199A**

Amount of Each Receipt this Period  

100.00
--------

Full Name (Last, First, Middle Initial)  
**B. Glen Paris MD**

Mailing Address 23 Rolling Hill Drive

City Chatham	State NJ	Zip Code 07928-1609
-----------------	-------------	------------------------

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 ▼ **333.32**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A5CBD2137829E4B48B03**

Amount of Each Receipt this Period  

83.33
-------

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

Mailing Address 3005 Scenic Drive

City Austin	State TX	Zip Code 78703-1057
----------------	-------------	------------------------

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 ▼ **2500.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A972C153910D44DF9909**

Amount of Each Receipt this Period  

416.67
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</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 76 OF 117
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138-2434

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

Name of Employer Mednax Services, Inc. Occupation VP Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2291.63

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A6078C60C6DA249E3BDB**

Amount of Each Receipt this Period  
 208.33

Payroll Deduction

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

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138-2434

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

Name of Employer Mednax Services, Inc. Occupation VP Government Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : ABBF65260B4E14A5F89B**

Amount of Each Receipt this Period  
 208.33

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

Mailing Address 1319 SW 5th Ave  
904

City Boca Raton State FL Zip Code 33432-7146

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A419EF06CD3DA426EAC4**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 466.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 117
	<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. Joshua A Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 SW 5th Ave  
904

City Boca Raton State FL Zip Code 33432-7146

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : A6FEAEA033FBB4A87B42**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498-4529

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : A7E3574458ADB470AB34**

Amount of Each Receipt this Period  
400.00

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

Mailing Address 23 Westwind Drive

City Lemoyne State PA Zip Code 17043-1234

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : AF13DA40E409143B285E**

Amount of Each Receipt this Period  
100.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 117
	<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. 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 ▼  
2500.02

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : ACE578BF96817494A9C9**

Amount of Each Receipt this Period  
416.67

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

Mailing Address Cond Pine Grove Apt 44a

City Carolina State PR Zip Code 00979-7019

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : AACF06FD41C5842658CC**

Amount of Each Receipt this Period  
100.00

**C. Maria R Pierce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 W Elm Circle

City San Antonio State TX Zip Code 78230-2638

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 ▼  
2291.63

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : A0CD0FAA23C944B85B1C**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00

**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 117
	<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. Maria R Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 W Elm Circle  
 City San Antonio State TX Zip Code 78230-2638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A461EF7E167A7453C846**  
 Amount of Each Receipt this Period: 208.33  
 Aggregate Year-to-Date: 2499.96

**B. Arnold Poole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12149 Huske Road  
 City Stony Creek State VA Zip Code 23882-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional President  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : A6A8806D580A843A7975**  
 Amount of Each Receipt this Period: 208.33  
 Payroll Deduction

**C. Arnold Poole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12149 Huske Road  
 City Stony Creek State VA Zip Code 23882-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional President  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A110C64EC591D4F06A42**  
 Amount of Each Receipt this Period: 208.33  
 Aggregate Year-to-Date: 2402.20

<b>SUBTOTAL</b> of Receipts This Page (optional).....	624.99
<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 80 OF 117
	<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. George Powers MD**

Mailing Address 109 Sequoia Drive

City San Antonio	State TX	Zip Code 78232-2216
---------------------	-------------	------------------------

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 ▼  
1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : ACE3D4A1FA3E14BA6B46**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 109 Sequoia Drive

City San Antonio	State TX	Zip Code 78232-2216
---------------------	-------------	------------------------

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 ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : A6AEAC49B904A432D96C**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 146 W Park Dr  
Suite 9B

City Kingsport	State TN	Zip Code 37660-3813
-------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : A287D129EB19741599F4**

Amount of Each Receipt this Period  
50.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<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 81 OF 117
	<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. Richard Powers MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 110 Gemini Ct  
City Los Gatos State CA Zip Code 95032-5141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of California, Occupation: Medical Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3100.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AD83CBA7429C14DC7A48**  
Amount of Each Receipt this Period: 100.00

**B. Mark P Preziosi MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3144 Legends Circle  
City Lakeland State FL Zip Code 33803-5432  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Corp Med Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **510.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A6734AF3C6688416D81A**  
Amount of Each Receipt this Period: 85.00

**C. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr  
City Lighthouse Pt State FL Zip Code 33064-7229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Mednax Services, Inc. Occupation: VP Business Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **550.00**

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : ADEBB5B1720EF4CCDBF0**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 117
	<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. Jeanne Proia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4441 NE 30th Terr  
 City Lighthouse Pt State FL Zip Code 33064-7229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AA6F0928094C44F4A981**  
 Amount of Each Receipt this Period **50.00**

**B. Jamie A Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1650 Fallen Leaf Lane Unit B  
 City Wilmington State NC Zip Code 28403-5594  
 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 **275.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : AA868C3FCA7E449279A6**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction

**C. Patricia Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Luberon Drive  
 City Henderson State NV Zip Code 89044-0362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A3496C1385A5441E6AB2**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**  
**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 83 OF 117
	<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. Patricia Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Luberon Drive  
 City Henderson State NV Zip Code 89044-0362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A25D173F756CA468EB85**  
 Amount of Each Receipt this Period **50.00**

**B. Evelyn Rider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Meadowlark Ridge Rd  
 City Great Falls State MT Zip Code 59405-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **550.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A8F2E2BE06D0241E18BD**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**C. Evelyn Rider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Meadowlark Ridge Rd  
 City Great Falls State MT Zip Code 59405-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AC87443A17E9149AF93C**  
 Amount of Each Receipt this Period **50.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 117
	<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 P Rieker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4420 Lake Boone Trail  
 City Raleigh State NC Zip Code 27607-7505  
 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 **300.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A5C48D459BA9E486095C**  
 Amount of Each Receipt this Period **50.00**

**B. David M Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4974 Akron Street Unit 301  
 City Denver State CO Zip Code 80238-3742  
 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 **220.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A02729FE4C7AB4D32AB2**  
 Amount of Each Receipt this Period **20.00**  
 Payroll Deduction

**C. David M Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4974 Akron Street Unit 301  
 City Denver State CO Zip Code 80238-3742  
 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 **240.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : ACCA0CE49E09A4FEB918**  
 Amount of Each Receipt this Period **20.00**

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**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 85 OF 117
	<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. Cheryl Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Wyatt Court  
 City Reno State NV Zip Code 89521-6139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A4B8ED86172EA44848C8**  
 Amount of Each Receipt this Period **100.00**

**B. Deborah Rogala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2433 Triggerfish Ct  
 City Holiday State FL Zip Code 34691-9829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Florida, In Occupation NNP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **275.00**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A566B17475F634D12B78**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction

**c. Deborah Rogala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2433 Triggerfish Ct  
 City Holiday State FL Zip Code 34691-9829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Florida, In Occupation NNP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AF7BB0BCEAFE248B69B0**  
 Amount of Each Receipt this Period **25.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 117
	<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. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467-7720

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

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
**06 / 15 / 2015**

**Transaction ID : A6A863464E4F14C1F94B**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467-7720

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

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  
**06 / 30 / 2015**

**Transaction ID : A0D8CE22BAB5F40F1B1C**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076-1860

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt  
**06 / 15 / 2015**

**Transaction ID : AC30C04A85D5544878DC**

Amount of Each Receipt this Period  
**30.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **130.00**

**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 87 OF 117
	<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 Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076-1860

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : A14D38F0CE4C04E6880A**

Amount of Each Receipt this Period **30.00**

**B. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)

Mailing Address 7603 NW 113th Avenue

City Parkland State FL Zip Code 33076-4776

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 ▼ **275.00**

Date of Receipt **06 / 15 / 2015**

**Transaction ID : AFACD724F5AB346F88BC**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

**C. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)

Mailing Address 7603 NW 113th Avenue

City Parkland State FL Zip Code 33076-4776

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 ▼ **300.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : A9D47A0D7443F4A59960**

Amount of Each Receipt this Period **25.00**

**SUBTOTAL** of Receipts This Page (optional)..... **80.00**

**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 88 OF 117
	<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. Patrick B Ryan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2909 Camille Drive  
 City College Station State TX Zip Code 77845-7723  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Texas, Inc. Occupation Medical Director Anesth  
 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  
 06 / 17 / 2015  
**Transaction ID : AD2F4BEBFE1554B3EA51**  
 Amount of Each Receipt this Period  
**300.00**

**B. David Salama MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16741 100 Norman Place  
 City Cornelius State NC Zip Code 28031-8679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : AD99877B35D6A41E9A2C**  
 Amount of Each Receipt this Period  
**75.00**

**C. Idelsi Sanchez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3941 SW 186th Way  
 City Miramar State FL Zip Code 33029-2720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1016.07**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A82FA99BCB7AC41A1A48**  
 Amount of Each Receipt this Period  
**92.37**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **467.37**  
**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 89 OF 117  
(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. Idelsi Sanchez**

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029-2720

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1108.44**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : AE3FFFD74583C4B1084B**

Amount of Each Receipt this Period **92.37**

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950-7670

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **687.50**

Date of Receipt **06 / 15 / 2015**

**Transaction ID : AD828F85232FB4EEB8D9**

Amount of Each Receipt this Period **62.50**

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950-7670

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **06 / 30 / 2015**

**Transaction ID : A002461EE2B7D477A927**

Amount of Each Receipt this Period **62.50**

**SUBTOTAL** of Receipts This Page (optional)..... **217.37**

**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 90 OF 117
	<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. Ray Y Sato MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Alaskan Way  
349

City Seattle State WA Zip Code 98121-2104

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : AF1575464DCFB4A28AC1**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 3740 Saltmeadow Court  
South

City Jacksonville State FL Zip Code 32224-9652

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : AB81F98CBEE184351A3E**

Amount of Each Receipt this Period  
60.00

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

Mailing Address 17616 Ivy Hill Drive

City Dallas State TX Zip Code 75287-7561

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  
06 / 15 / 2015  
**Transaction ID : A5E6F58B3628D4053804**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 91 OF 117
	<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. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287-7561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AF8699AC63BD34DE6B08**  
 Amount of Each Receipt this Period: 100.00

**B. Whitney Scott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Vinnings Place  
 City Raleigh State NC Zip Code 27608-1878  
 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 **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AE0D261E087CB44A2A53**  
 Amount of Each Receipt this Period: 50.00

**C. Lalit K Shah MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2840 NE 36 St  
 City Ft Lauderdale State FL Zip Code 33308-5818  
 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 **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AD2879119DD4048EBB58**  
 Amount of Each Receipt this Period: 50.00

**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 92 OF 117
	<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. Cecil G Sharp MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 576 Medinah Drive

City Augusta State GA Zip Code 30907-9446

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : **AE8886B79F5D54F4DA7B**

Amount of Each Receipt this Period: **45.00**

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

Mailing Address 1305 Byron Nelson Pkwy

City Southlake State TX Zip Code 76092-9547

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

Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : **A0A29325BD2CD4AE4946**

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

**C. James D Singer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Captain's Point

City Greensboro State NC Zip Code 27455-3430

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 ▼ **300.00**

Date of Receipt: **06 / 30 / 2015**

Transaction ID : **A97CB2EC40BDC45E8BB4**

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

**SUBTOTAL** of Receipts This Page (optional)..... **195.00**

**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 93 OF 117
	<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. Stephen B Smith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 917 Rabbit Run Rd  
 City State Zip Code  
 Wilmington NC 28409-2207  
 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 ▼ 200.64

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : A46D7C7E0E72E46BEA8E**  
 Amount of Each Receipt this Period  
 16.72

**B. Craig Steiner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4709 Camargo Court  
 City State Zip Code  
 College Station TX 77845-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : ACB0FD5CC2E6146069D0**  
 Amount of Each Receipt this Period  
 125.00

**C. Julia L Stones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6541 Ne 20 Terrace  
 City State Zip Code  
 Ft Lauderdale FL 33308-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015  
**Transaction ID : A783F5A60D5BF4173928**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 226.72  
**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 94 OF 117
	<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. Julia L Stones**  
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308-1017

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

Name of Employer Mednax Services, Inc. Occupation Dir Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1020.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : A0555BBC8E3AB4F12814**

Amount of Each Receipt this Period  
 85.00

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

Mailing Address 2021 Coniston Place

City Charlotte State NC Zip Code 28207-1801

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2015

**Transaction ID : AD4C9BC75E9414155BA8**

Amount of Each Receipt this Period  
 50.00

**C. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)

Mailing Address 2751 NE 48th Court

City Lighthouse Point State FL Zip Code 33064-7940

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

Name of Employer Mednax Services, Inc. Occupation VP Portfolio Strat & Dev

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1145.87

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2015

**Transaction ID : A71FB504DC05D4AE39A7**

Amount of Each Receipt this Period  
 104.17

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 239.17

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 117
	<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) <b>A. Milissa Stubbs</b>			Date of Receipt
Mailing Address 2751 NE 48th Court			M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015
City	State	Zip Code	<b>Transaction ID : ADC012F581B4C488C948</b>
Lighthouse Point	FL	33064-7940	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			104.17
Name of Employer	Occupation		
Mednax Services, Inc.	VP Portfolio Strat & Dev		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	1250.04		

Full Name (Last, First, Middle Initial) <b>B. Terrence J Sweeney MD</b>			Date of Receipt
Mailing Address 727 17th Avenue East			M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015
City	State	Zip Code	<b>Transaction ID : A77BDC3A8758D40168A7</b>
Seattle	WA	98112-3921	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			140.00
Name of Employer	Occupation		
Pediatrix Medical Group of Washington,	Medical Director NICU		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	840.00		

Full Name (Last, First, Middle Initial) <b>C. Kassell Sykes MD</b>			Date of Receipt
Mailing Address 6705 Greywalls Lane			M M M / D D D / Y Y Y Y Y Y 06 / 30 / 2015
City	State	Zip Code	<b>Transaction ID : A8B26F40B887548D0993</b>
Raleigh	NC	27614-8207	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <b>C</b>			50.00
Name of Employer	Occupation		
American Anesthesiology of North Carol	Anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General			
<input type="checkbox"/> Other (specify) ▼	300.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	294.17
<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 96 OF 117
	<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. Bannie Lee Tabor MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5020 Still Meadow Drive

City Ft Worth State TX Zip Code 76132-3806

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

Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director PERI

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A50AA14666FB14A0B818**

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

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

Mailing Address 108 Linden Avenue

City Lynchburg State VA Zip Code 24503-2010

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : AC720743EA1F34BD98BA**

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

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

Mailing Address 7027 Summerhill Ridge Dr

City Charlotte State NC Zip Code 28226-5591

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A1FBBD0CBA08A4E9697B**

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

**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 97 OF 117
	<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. Pamela N Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NW 76th Terrace

City Margate	State FL	Zip Code 33063-7929
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP Clinical Services
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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
06	/	30	/	2015

**Transaction ID : AE61B1ADD5537456184E**

Amount of Each Receipt this Period  

50.00
-------

**B. Robin Thornton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Huntington Drive

City Burlington	State NJ	Zip Code 08016-9704
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FEC ID number of contributing federal political committee. **C**

Name of Employer Burlington Anesthesia Associates, P.A.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A9483D1ACAE3944E4835**

Amount of Each Receipt this Period  

41.67
-------

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

Mailing Address 1420 Crownhill DR

City Arlington	State TX	Zip Code 76012-2816
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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 ▼ **1363.62**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AFB33F66F1F6E4659A0C**

Amount of Each Receipt this Period  

227.27
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>318.94</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 98 OF 117
	<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. Joe Toney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111-1426

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

Name of Employer: Obstetrix Medical Group of Colorado, P  
Occupation: Medical Director NICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A146FB62836E34A9E8C2**

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

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

Mailing Address 891 14th St Unit 3710

City Denver State CO Zip Code 80202-3283

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

Name of Employer: Pediatrix Medical Group of Colorado, P  
Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A0286A86E2C4C4239A2A**

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

**C. Robert M Treadway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612-5240

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **06 / 30 / 2015**

**Transaction ID : A01CFF57CB108424B935**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</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 99 OF 117
	<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. Johny Tryzmel MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3765 Ne 209 Terrace  
 City Aventura State FL Zip Code 33180-3769  
 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 ▼ 300.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AA8E559124BBA43BCAA8**  
 Amount of Each Receipt this Period: 50.00

**B. Gary A Twiggs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1600 SW 78th Ave 1114  
 City Plantation State FL Zip Code 33324-3399  
 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 ▼ 2500.02

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : ABBA8AC5E40A34989A58**  
 Amount of Each Receipt this Period: 416.67

**C. Julio Vallette MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Normandy Dr  
 City Indialantic State FL Zip Code 32903-4014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Florida, In  
 Occupation: Corp Med Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AC549EE6375E640E3ADB**  
 Amount of Each Receipt this Period: 500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 966.67  
**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 100 OF 117
	<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 Van Scoy MD**

Mailing Address 5355 Candelabra Plce

City	State	Zip Code
San Luis Obispo	CA	93401-8397

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 ▼ **240.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : ABBDCFCA00B9447AF958**

Amount of Each Receipt this Period  

100	00
-----	----

**40.00**

Full Name (Last, First, Middle Initial)  
**B. Alfonso Vargas MD**

Mailing Address 410 Starfire Causeway

City	State	Zip Code
Oldsmar	FL	34677-4015

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 ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AC677785BCF5B4AE6B95**

Amount of Each Receipt this Period  

100	00
-----	----

**100.00**

Full Name (Last, First, Middle Initial)  
**C. Dinh Vu MD**

Mailing Address 3307 Mendenaro Court

City	State	Zip Code
Fallbrook	CA	92028-8041

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

Name of Employer	Occupation
Magella Medical Group, Inc.	Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **275.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A564ED5DDC60648189F8**

Amount of Each Receipt this Period  

25	00
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**25.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>165.00</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 101 OF 117
<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. Dinh Vu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Mendenaro Court

City Fallbrook	State CA	Zip Code 92028-8041
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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 ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AF3A1ADB9672C4959B03**

Amount of Each Receipt this Period  

25.00
-------

**B. Martin P Walker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7960 Simonds Road NE

City Kenmore	State WA	Zip Code 98028
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FEC ID number of contributing federal political committee. **C**

Name of Employer Obstetrix Medical Group of Washington,	Occupation Practice Med DirPERI
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AD7699094BFCA47F79D6**

Amount of Each Receipt this Period  

125.00
--------

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

Mailing Address 10080 Nw 10th St

City Plantation	State FL	Zip Code 33322-6557
--------------------	-------------	------------------------

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 ▼ **220.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A69909171630848D7BCD**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>170.00</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:	PAGE 102 OF 117
	(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

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. Michele M Wallace**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10080 Nw 10th St  
 City Plantation State FL Zip Code 33322-6557  
 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 **240.00**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : AA9F7A996F4384011A10**  
 Amount of Each Receipt this Period **200.00**

**B. Brian Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5301 NW 2nd Ave 102  
 City Boca Raton State FL Zip Code 33487-3805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **729.19**

Date of Receipt **06 / 15 / 2015**  
**Transaction ID : A6D2A46F3EF5C436E9A7**  
 Amount of Each Receipt this Period **104.17**  
 Payroll Deduction

**C. Brian Walsh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5301 NW 2nd Ave 102  
 City Boca Raton State FL Zip Code 33487-3805  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **833.36**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : A034AD494B6D34521AE8**  
 Amount of Each Receipt this Period **104.17**

**SUBTOTAL** of Receipts This Page (optional)..... **228.34**  
**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 103 OF 117
	<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. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 22535 Lynridge

City San Antonio	State TX	Zip Code 78260-7747
---------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AACAB5155D0C84EBDB8**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 22535 Lynridge

City San Antonio	State TX	Zip Code 78260-7747
---------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : AAE3DAC0898E64CF5A8F**

Amount of Each Receipt this Period  
200.00

**c. William Wegh DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Funny Cide Ln

City Waxhaw	State NC	Zip Code 28173-8288
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A24A855BDC4EC4965838**

Amount of Each Receipt this Period  
75.00

<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 104 OF 117
	<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. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City Glen Allen	State VA	Zip Code 23059-1830
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : AD583CD3E4A614C6EA95**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**B. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City Glen Allen	State VA	Zip Code 23059-1830
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : A581875CBDB674BB9925**

Amount of Each Receipt this Period  

100.00
--------

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

Mailing Address 2100 South Ocean Drive  
Blv

City Fort Lauderdale	State FL	Zip Code 33316-3806
-------------------------	-------------	------------------------

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 ▼ **1375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2015

**Transaction ID : A614446FF7B46448DA43**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</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 105 OF 117
	<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. Bonnie Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Drive  
Blv

City Fort Lauderdale State FL Zip Code 33316-3806

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 ▼ 1500.00

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A7878C9D9BAA94B6F931**

Amount of Each Receipt this Period: 125.00

**B. Janet G Wingkun MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1178 Breakers West  
Bld

City West Palm Beach State FL Zip Code 33411-1884

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.04

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : AF8BE8F86929A4A69B1E**

Amount of Each Receipt this Period: 83.34

**C. Karen S Witte**  
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: Mednax Services, Inc. Occupation: Asst ControllerDISBMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 06 / 15 / 2015  
**Transaction ID : AC030CA5F74BD41EBA8D**

Amount of Each Receipt this Period: 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 233.34

**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 106 OF 117
	<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. Karen S Witte**  
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 Mednax Services, Inc. Occupation Asst ControllerDISBMT

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  
**06 / 30 / 2015**

**Transaction ID : A4D72C0ECD4F643F596A**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address 3224 Shadow Court

City Wilmington State NC Zip Code 28409-2527

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.20**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A1A63B3E211C64AB7A6B**

Amount of Each Receipt this Period  
**41.70**

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

Mailing Address 908 Symphony Circle SW

City Vienna State VA Zip Code 22180-5960

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

Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 30 / 2015**

**Transaction ID : A65454D4060AA4A209A2**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional)..... **166.70**

**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 107 OF 117
	<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 20171-1732

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 ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : A04EC2A9A187F4E0091E**

Amount of Each Receipt this Period  
50.00

**B. Gary L Yup MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Fireside Circle

City State Zip Code  
Reno NV 89509-3514

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 ▼  
1200.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2015

**Transaction ID : AE8BFAE4F679B4D18AA2**

Amount of Each Receipt this Period  
200.00

**C. Karen J Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee Street  
Unit B

City State Zip Code  
Lakewood CO 80232-6254

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  
MM / DD / YYYY  
06 / 15 / 2015

**Transaction ID : A3E56ECEE05FB464A82C**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<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 108 OF 117
	<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. Karen J Zimmerman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1799 S Lee Street  
 Unit B  
 City Lakewood State CO Zip Code 80232-6254  
 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 **300.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : A31C052E2F4BB48F2B69**  
 Amount of Each Receipt this Period: **250.00**

**B. Terrance J Zuerlein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Fontenay Circle  
 City Little Rock State AR Zip Code 72223-9569  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Arkansas, P  
 Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt: 06 / 30 / 2015  
**Transaction ID : ADA79108A84EB43B0B82**  
 Amount of Each Receipt this Period: **250.00**

**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>275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>35826.24</b>

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

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

FOR LINE NUMBER: PAGE 109 OF 117  
(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 ▼ **693.43**

Date of Receipt  
**06 / 05 / 2015**  
**Transaction ID : A59F21542C6EB47BB860**  
Amount of Each Receipt this Period  
**39.81**  
Reimbursement for May 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>39.81</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>39.81</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**

Date of Disbursement

Mailing Address 600 Peachtree St NE

M M M	/	D D D	/	Y Y Y Y Y Y
06		15		2015

City Atlanta State GA Zip Code 30308-2219

**Transaction ID : B2D9CC09762A34CFF930**

Purpose of Disbursement  
Bank Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

183.94
--------

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y Y

City State Zip Code

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

--

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

183.94
--------

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

183.94
--------

**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. AMERICA WORKS PAC**

Mailing Address PO BOX 15293

City Washington State DC Zip Code 20003-0293

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  
06 / 25 / 2015

Transaction ID : B7318EFB0E14B48C99DE

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. DEVIN NUNES CAMPAIGN COMMITTEE**

Mailing Address PO BOX 6545

City VISALIA State CA Zip Code 93290

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

**Rep. Devin G. Nunes**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: CA District: 22

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : B7524AE91187B465C988

Amount of Each Disbursement this Period

5000.00

Category/Type

Full Name (Last, First, Middle Initial)

**C. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City Manchester State NH Zip Code 03105-0937

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

**Sen. Kelly A. Ayotte**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)

State: NH District:

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : B662E60E3FE0A416ABA8

Amount of Each Disbursement this Period

2500.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12500.00

**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 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. Great Lakes PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Political Contribution- 2015

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **BF8877F7E897641DD83B**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. HELLERHIGHWATER PAC**

Mailing Address PO BOX 370672

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
Political Contribution- 2015

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : **B6A60386814C7433CA1F**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. HELLERHIGHWATER PAC**

Mailing Address PO BOX 370672

City LAS VEGAS State NV Zip Code 89137

Purpose of Disbursement  
VOID - Political Contribution- 2015 dated 6/1/15

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2015

Transaction ID : **B026C8E854CC04D2AAD9**

Amount of Each Disbursement this Period

-5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

**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 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. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

**Rep. Sandy M. Levin**

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 25 / 2015

Transaction ID : **B46F802808C87427EB25**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Searchlight Leadership Fund**

Mailing Address 607 14th Street, N.W.  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Political Contribution- 2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼ Other2015

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 29 / 2015

Transaction ID : **B1B62671A654743728E7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. THOM TILLIS COMMITTEE**

Mailing Address PO BOX 2489

City CORNELIUS State NC Zip Code 28031

Purpose of Disbursement  
Political Contribution- General 2014 Debt Retirement

Candidate Name

**Thom R Tillis**

Office Sought:  House  
 Senate  
 President  
State: NC District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 01 / 2015

Transaction ID : **B134DE0B7F5EE4AF2B7F**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00



**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. Election Fund of Craig J. Coughlin for Assembly**

Mailing Address 3 Eli Road

City Colonia State NJ Zip Code 07067-2405

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 12 / 2015

Transaction ID : B434AD2525B454FC5881

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends Of S. Chris Jones**

Mailing Address P.O. Box 5058

City Suffolk State VA Zip Code 23435-0058

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 23 / 2015

Transaction ID : BA121BADDCDE3A41618E5

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Mednax, Inc. Texas Political Action Committee**

Mailing Address 1301 Concord Terrace

City Sunrise State FL Zip Code 33323

Purpose of Disbursement  
Contribution to state PAC

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 22 / 2015

Transaction ID : B0F6E4B741CC8470EACD

Amount of Each Disbursement this Period

100000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

101500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
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NAME OF COMMITTEE (In Full)  
**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. North Carolina Legislative Black Caucus Foundation**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Mailing Address P.O. Box 27862

**Transaction ID : BD06B682C006A44FDACC**

City Raleigh State NC Zip Code 27611-7862

Amount of Each Disbursement this Period

3000.00
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Purpose of Disbursement  
Charitable Contribution

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Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼  
Other2015

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3000.00
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104500.00
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