

**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 99
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 423 S Westridge Cir

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 Accts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1440.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : AA498849FBDBE4F2489F

Amount of Each Receipt this Period: **120.00**

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

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

Mailing Address 109 Sequoia Dr

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 ▼ **2400.00**

Date of Receipt: 12 / 31 / 2015
Transaction ID : A72829E72A8924AD68F8

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

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

C. Paul S Chipley MD
Full Name (Last, First, Middle Initial)

Mailing Address 304 Channel Dr N

City Wrightsville Beach State NC Zip Code 28480-2722

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: 12 / 31 / 2015
Transaction ID : A41599F37107F42DFBFC

Amount of Each Receipt this Period: **20.00**

Payroll Deduction Payroll Deduction: \$10.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	