

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="481980.21"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="191351.61"/>	<input type="text" value="237111.43"/>
(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="673331.82"/>	<input type="text" value="746214.39"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67878.72"/>	<input type="text" value="140761.29"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="605453.10"/>	<input type="text" value="605453.10"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	176310.90	202252.60
(ii) Unitemized	14983.14	34700.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	191294.04	236953.45
(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)	191294.04	236953.45
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).....	57.57	157.98
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	191351.61	237111.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	191351.61	237111.43

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	378.72	536.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	378.72	536.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41500.00	86500.00
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	26000.00	53725.00
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)) ..	67878.72	140761.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67878.72	140761.29

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)	191294.04	236953.45
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	191294.04	236953.45
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	378.72	536.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	57.57	157.98
38. Net Operating Expenditures (subtract Line 37 from Line 36)	321.15	378.31

**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 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Adegboyega A Abdulkadir MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5037 Ellis Lane
 City Elliott City State MD Zip Code 21043
 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 ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : ADF05533083FB493B9BF
 Amount of Each Receipt this Period
 1500.00
 Payroll Deduction

B. Amy Adelberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Summit Blvd
 City Cherry Hills Village State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Obstetrix Medical Group of Colorado, P Perinatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A512F016FCA554F48884
 Amount of Each Receipt this Period
 800.00
 Payroll Deduction

c. Remedios C Agrawal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Carriage Hills
 City San Antonio State TX Zip Code 78257-1204
 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 ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A88C5D3061AE94AE5AB7
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2600.00
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 91
<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. Shannon S Allen
 Full Name (Last, First, Middle Initial)
 Mailing Address 10200 Waters Dr
 City Irving State TX Zip Code 75063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir IS Clinic Systems
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 213.08

Date of Receipt
 02 / 27 / 2015
Transaction ID : A9F38588A530F46709AD
 Amount of Each Receipt this Period
 53.27
 Payroll Deduction

B. Dominic J Andreano
 Full Name (Last, First, Middle Initial)
 Mailing Address 6803 Lost Garden Ter
 City Parkland State FL Zip Code 33076
 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 ▼
 750.00

Date of Receipt
 02 / 13 / 2015
Transaction ID : A136F163010824E72AEA
 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 Parkland State FL Zip Code 33076
 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 ▼
 1000.00

Date of Receipt
 02 / 27 / 2015
Transaction ID : A19D01EEC547C4CD3A08
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	553.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 91
	<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. Pratihba Ankola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Sprain Valley Rd
 # B12
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group Neonatology an Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A114B35F5A7144D37BF9
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

B. Martin Anyebuno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5722 Moccasin Run
 City Rockford State IL Zip Code 61109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Illinois, P Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : AC93502548A6C4C2ABBB
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

C. J Michael Armand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1435 Natchez Way
 City Grayson State GA Zip Code 30017-1070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Georgia, P. Corporate Medical Directr
 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
 02 / 27 / 2015
Transaction ID : A809F751292F645868D3
 Amount of Each Receipt this Period
 550.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 950.00
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 9 OF 91
	<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. Ronda K Ash
Full Name (Last, First, Middle Initial)

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

Name of Employer American Anesthesiology, Inc. Occupation Dir CodingANES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **339.28**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : A8641487464434196BD3

Amount of Each Receipt this Period
113.26

Payroll Deduction

B. Ronda K Ash
Full Name (Last, First, Middle Initial)

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

Name of Employer American Anesthesiology, Inc. Occupation Dir CodingANES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **452.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A0F6D64A1B59F4EC2B95

Amount of Each Receipt this Period
113.26

Payroll Deduction

C. David A Auerbach MD
Full Name (Last, First, Middle Initial)

Mailing Address 355 Prima Vera Cove

City Altamonte Springs State FL Zip Code 32714

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 ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A914876E5C7EA44F781E

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **5226.52**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 91
<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. Luis Ayo MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : AB9ED0FA89B8F446FADA
Mailing Address 112 81 Street W		Amount of Each Receipt this Period 5000.00
City Bradenton	State FL	Zip Code 34209
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Richard J Badura MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A02D6A796739C4D0F943
Mailing Address 4320 53 Ave Ne		Amount of Each Receipt this Period 500.00
City Seattle	State WA	Zip Code 98105
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group of Washington,	Occupation Neonatologist	
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) C. John L Bankston MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A4020DB44C7204500ACB
Mailing Address 111 Pembroke Dr		Amount of Each Receipt this Period 125.00
City Palm Beach Gardens	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	5625.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 91
<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. Isabel BasalduPrado MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A0B124264BDB545B09F5
Mailing Address 9418 Highlands Cove		Amount of Each Receipt this Period 5000.00
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Adel W Bassali MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2015 Transaction ID : AB50FD64E3D714F8D9BD
Mailing Address 6427 Lake Meadow Drive		Amount of Each Receipt this Period 250.00
City Burke	State VA	Zip Code 22015
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Michael Battista MD		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : ADB8D871076914DEE93B
Mailing Address 11 Orsinger Hill		Amount of Each Receipt this Period 250.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 12 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11 Orsinger Hill

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A5F4D55543201463EB7B

Amount of Each Receipt this Period

250.00

Payroll Deduction

B. Bijan Bavarian MD
Full Name (Last, First, Middle Initial)

Mailing Address 4020 GALT OCEAN DRIVE
APARTMENT 1103

City Fort Lauderdale	State FL	Zip Code 33308
-------------------------	-------------	-------------------

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

Name of Employer American Anesthesiology of Florida, In	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
02	/	27	/	2015

Transaction ID : A7E356D0C70034549990

Amount of Each Receipt this Period

600.00

Payroll Deduction

C. James Beatty MD
Full Name (Last, First, Middle Initial)

Mailing Address 21 Barksdale DR NE

City Atlanta	State GA	Zip Code 30309
-----------------	-------------	-------------------

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

Name of Employer American Anesthesiology of Georgia, LL	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
02	/	27	/	2015

Transaction ID : A29615BF392BB4C37A6B

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Rosaire J Belizaire MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 Grand Pointe Boulevard
 City Lafayette State LA Zip Code 70508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Louisiana, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : ABCAF4073301241A6A79
 Amount of Each Receipt this Period 150.00
 Payroll Deduction

B. William H Benton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14001 Bell Pt Drive
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Arkansas, P Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A5BEF458DFB5C4B35A9B
 Amount of Each Receipt this Period 2500.00
 Payroll Deduction

C. Barry T Bloom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 N Hillside
 City Wichita State KS Zip Code 67214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Kansas, P.A Medical Director NICU
 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
 02 / 27 / 2015
Transaction ID : A716EB9C0DEE2496E87F
 Amount of Each Receipt this Period 5000.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	7650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 91
	<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. Joseph L Brady JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 320 West 9th St

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation
Pediatrix Medical Group of North Carol Corporate Medical Directr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A7C8DA23B4035411A08

Amount of Each Receipt this Period
1500.00

Payroll Deduction

B. Benjamin Brann MD
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Orchid Court

City Arlington State TX Zip Code 76016

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 ▼
300.00

Date of Receipt
02 / 27 / 2015
Transaction ID : ACF9FB95FDBD848FBA0C

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 1310 S College St

City Georgetown State TX Zip Code 78626

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 13 / 2015
Transaction ID : A19967C4095BC49B4A58

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00

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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1310 S College St

City Georgetown State TX Zip Code 78626

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **AED220A6914624D8E957**

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

Payroll Deduction

B. Jay Brenner MD
Full Name (Last, First, Middle Initial)

Mailing Address 16317 Wilsoncreek Ct

City Chesterfield State MO Zip Code 63005

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

Name of Employer: Pediatrix Medical Group of Missouri, P Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **A6ABE344ABF0B46D690C**

Amount of Each Receipt this Period: **1500.00**

Payroll Deduction

C. Walter S Bridges MD
Full Name (Last, First, Middle Initial)

Mailing Address 2508 N Ebenezer Road

City Florence State SC Zip Code 29501

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

Name of Employer: Pediatrix Medical Group of South Carol Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1375.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **AF320390454D84E7E9AF**

Amount of Each Receipt this Period: **1375.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2975.00**

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 91
<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. Robert C Bryant

Mailing Address 12717 W Sunrise Blvd
256

City Sunrise State FL Zip Code 33323

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt
02 / 27 / 2015
Transaction ID : ADCF4CEA2E9DE4161AC

Amount of Each Receipt this Period
416.66

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Nicomedes Camacho

Mailing Address 35 Havenwood

City Irvine State CA Zip Code 92614

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Operations15

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 17 / 2015
Transaction ID : A44E7FC189177480F8A3

Amount of Each Receipt this Period
5000.00

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Reg Dir Pat Accts 15

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AAA8016987C3A40708B6

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5476.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 91
	<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 D Caplan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7207 Edloe
 City Houston State TX Zip Code 77025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A7378D92271794698B5A
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

B. Corey M Carpenter MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 Secret Garden Drive
 City Chattanooga State TN Zip Code 37421
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of Tennessee Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 600.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A317BC13009764DB08DF
 Amount of Each Receipt this Period: 600.00
 Payroll Deduction

C. Ronald P Carzoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 50 3rd AVe South 1101
 City Jacksonville Beach State FL Zip Code 32250
 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 250.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : AE23122E64054471FB1A
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **925.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Gerald G Cherayil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27514 Paddock Trail Place
 City Chantilly State VA Zip Code 20152
 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 ▼ 500.00

Date of Receipt 02 / 12 / 2015
Transaction ID : A9877874A0FC64F6B896
 Amount of Each Receipt this Period 500.00

B. Annie Y Chi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2302 Bay Lakes Court
 City Arlington State TX Zip Code 76016
 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 ▼ 300.00

Date of Receipt 02 / 27 / 2015
Transaction ID : AD45CA7C14F744DFC93F
 Amount of Each Receipt this Period 300.00
 Payroll Deduction

C. Frank S Cho MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 Forest View
 City Austin State TX Zip Code 78746
 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 ▼ 1500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : AB2A023D34AF04CB1898
 Amount of Each Receipt this Period 1500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 91
<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. Tina R Cisneros		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A2F255C02B09348F2911
Mailing Address 2021 Old Mill Road		Amount of Each Receipt this Period 300.00
City Cedar Park	State TX	Zip Code 78613
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Mgr Patient Accts II
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Reese H Clark MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : AAA8499CDE09447CCBA0
Mailing Address 11539 NW 72nd Place		Amount of Each Receipt this Period 2600.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation VP & CoDirector of CREQ
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	

Full Name (Last, First, Middle Initial) C. Edward C Co MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A102416D2289C46DE86B
Mailing Address 16804 Shorerun Drive		Amount of Each Receipt this Period 3000.00
City Edmond	State OK	Zip Code 73012
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Oklahoma, P	Occupation Corp Med Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

SUBTOTAL of Receipts This Page (optional).....▶	5900.00
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 91
	<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. Benton Cofer MD

Mailing Address 51 Appian Circle

City Simpsonville State SC Zip Code 29681

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

Name of Employer Occupation
Pediatrix Medical Group of South Carol Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AD62666C6BBCB49AAAEI

Amount of Each Receipt this Period
1500.00

Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campo Bello State SC Zip Code 29322

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A007E9C82BDBE46D1BBE

Amount of Each Receipt this Period
125.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jose Colindres MD

Mailing Address 16775 NW 20 Street

City Pembroke Pines State FL Zip Code 33028

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AE1C00046507142B49A5

Amount of Each Receipt this Period
250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 91
	<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. Steve Collins
Full Name (Last, First, Middle Initial)

Mailing Address 10468 Laurel Road

City Davie State FL Zip Code 33328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 27 / 2015
Transaction ID : A5986034DD7CC4B3A8C1

Amount of Each Receipt this Period 500.00

Payroll Deduction

B. Alan J Cordover MD
Full Name (Last, First, Middle Initial)

Mailing Address 9063 NW 60th Street

City Parkland State FL Zip Code 33067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 27 / 2015
Transaction ID : A7E83861514CF4AFBB56

Amount of Each Receipt this Period 300.00

Payroll Deduction

C. J Thomas Thomas Cox JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 2488 W Keswick Road

City Florence State SC Zip Code 29501

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

Name of Employer Pediatrix Medical Group of South Carol Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 02 / 27 / 2015
Transaction ID : A7C2CB6B860464292BC6

Amount of Each Receipt this Period 1250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2050.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 91
<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. Sarah Daigle
Full Name (Last, First, Middle Initial)

Mailing Address 412 Gerald Drive

City Lafayette	State LA	Zip Code 70503
-------------------	-------------	-------------------

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AD31AEAE1D94D4F87B70

Amount of Each Receipt this Period
250.00

Payroll Deduction

B. Christine M Davis MD
Full Name (Last, First, Middle Initial)

Mailing Address 6272 Highgate Place

City Lewis Center	State OH	Zip Code 43035
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A3012A4E665F54EFD959

Amount of Each Receipt this Period
250.00

Payroll Deduction

C. Jorge Del Toro MD
Full Name (Last, First, Middle Initial)

Mailing Address 3020 NW 125th Avenue
Unit 317

City Sunrise	State FL	Zip Code 33323
-----------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation CMO VP Medical Affairs
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
641.34

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AA7AE232E505E4145A3C

Amount of Each Receipt this Period
320.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	820.67
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 23 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3003 NE 160th Street

City Lake Forest Park State WA Zip Code 98155

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

Name of Employer Occupation
Pediatrix Medical Group of Washington, Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AA5C7128BD280405FB37

Amount of Each Receipt this Period
200.00

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.99

Date of Receipt
02 / 13 / 2015
Transaction ID : A7680561EE6F4468EB17

Amount of Each Receipt this Period
208.33

Payroll Deduction

C. Matthew J Devine
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt
02 / 27 / 2015
Transaction ID : A9E7D35AB442A4F37AC0

Amount of Each Receipt this Period
208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 616.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 91
<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. Leona Douglas
Full Name (Last, First, Middle Initial)

Mailing Address 7081 Morningside Court

City Brentwood State TN Zip Code 37027

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 ▼ **1500.00**

Date of Receipt: **02 / 23 / 2015**
Transaction ID : **AAE852A4DBEB5412A99C**

Amount of Each Receipt this Period: **1500.00**

B. Joseph D Eddings MD
Full Name (Last, First, Middle Initial)

Mailing Address 404 Talkeetna Ln

City Cedar Park State TX Zip Code 78613

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: **02 / 27 / 2015**
Transaction ID : **AEF467BC67FFB4B91954**

Amount of Each Receipt this Period: **300.00**

Payroll Deduction

C. Dan L Ellsbury MD
Full Name (Last, First, Middle Initial)

Mailing Address 429 Se 64th St

City Pleasant Hill State IA Zip Code 50327

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

Name of Employer: **Magella Medical Associates Midwest, P.** Occupation: **Neonatologist**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **A5A9362BB0A564C6E89E**

Amount of Each Receipt this Period: **600.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 91
	<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. Claire M Fair
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021

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 ▼ **624.99**

Date of Receipt **02 / 13 / 2015**
Transaction ID : ADDA49058B5754E88ADE

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

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 ▼ **833.32**

Date of Receipt **02 / 27 / 2015**
Transaction ID : A6A93B36DE9F04FE0BDD

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : A80257BBB8E9246028B5

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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 26 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

Full Name (Last, First, Middle Initial) A. Simon Frisch		Date of Receipt
Mailing Address 3816 W Hibiscus Street		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Weston	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Dir Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Transaction ID : AC4437F792E624C228C1
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="624.99"/>	
		Transaction ID : AED04B2F285784D9B9F8
		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="833.32"/>	
		Transaction ID : AD3723A7C402B4229ABB
		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="516.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 91
<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. Maniya Gatmaitan		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A062F7AE8981146C288D
Mailing Address 645 W 9th Street Unit 706 Apt 706		Amount of Each Receipt this Period 62.50
City Los Angeles	State CA	Zip Code 90015
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional Counsel 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Joshua H Goldberg MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A703CAFAFBA3E46FBAF5
Mailing Address 2674 Bryden Road		Amount of Each Receipt this Period 600.00
City Bexley	State OH	Zip Code 43209
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Ohio Corp.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Lisa Goldberg DO		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : ACC2691AAAAC24445831
Mailing Address 1004 Dartmouth Rd		Amount of Each Receipt this Period 2000.00
City Alexandria	State VA	Zip Code 22314
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	2662.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 91
<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. Jennifer Granberry
Full Name (Last, First, Middle Initial)

Mailing Address 7700 NW 120th Drive

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

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

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

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
02	/	27	/	2015

Transaction ID : A6A625EBF5E8A482B8DF

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. James Grant MD
Full Name (Last, First, Middle Initial)

Mailing Address 1574 Sodon Lake Drive

City Bloomfield Hills	State MI	Zip Code 48302
--------------------------	-------------	-------------------

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

Name of Employer American Anesthesiology of MI PC	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	09	/	2015

Transaction ID : AA31AE03149E342359D3

Amount of Each Receipt this Period
1000.00

C. Kimberly Greenwald MD
Full Name (Last, First, Middle Initial)

Mailing Address 2109 Blue Oak Terrace

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A1F491FFF0F1C48D7B83

Amount of Each Receipt this Period
2500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	3560.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 91
<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. Katherine Grichnik MD		Date of Receipt
Mailing Address 6423 Collins Avenue Unit 1405		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A62343AE843614EC39A8
Miami Beach	FL	Amount of Each Receipt this Period
	Zip Code 33141	<input type="text" value="100.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Payroll Deduction
Name of Employer	Occupation	
American Anesthesiology, Inc.	Dir ResearchEdu&Quality	
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. Katherine Grichnik MD		Date of Receipt
Mailing Address 6423 Collins Avenue Unit 1405		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A4137F7E45292480389E
Miami Beach	FL	Amount of Each Receipt this Period
	Zip Code 33141	<input type="text" value="100.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Payroll Deduction
Name of Employer	Occupation	
American Anesthesiology, Inc.	Dir ResearchEdu&Quality	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. John Grimes MD		Date of Receipt
Mailing Address 2120 Hastings Drive		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A31BCD7F54B2F4C23B95
Charlotte	NC	Amount of Each Receipt this Period
	Zip Code 28207	<input type="text" value="600.00"/>
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Payroll Deduction
Name of Employer	Occupation	
American Anesthesiology of the Southea	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 30 OF 91
<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. Samuel W Grossmann
Full Name (Last, First, Middle Initial)

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **346.92**

Date of Receipt **02 / 13 / 2015**

Transaction ID : AC20098B8F92A45C6914

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

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 ▼ **462.56**

Date of Receipt **02 / 27 / 2015**

Transaction ID : A09EC424AADB44101ACC

Amount of Each Receipt this Period **115.64**

Payroll Deduction

C. Erin C Hamilton Spence MD
Full Name (Last, First, Middle Initial)

Mailing Address 1930 Rockridge Terrace

City Fort Worth State TX Zip Code 76110

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 ▼ **500.00**

Date of Receipt **02 / 16 / 2015**

Transaction ID : A0929ADC46B9245D99F1

Amount of Each Receipt this Period **500.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **731.28**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 31 OF 91
<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. Nancy Hansen MD
Full Name (Last, First, Middle Initial)

Mailing Address 480 Delegate Drive

City Columbus State OH Zip Code 43235

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

Name of Employer: Pediatrix Medical Group of Ohio Corp. Occupation: Corporate Medical Directr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 16 / 2015
Transaction ID : A35A2090E5FC649B4853

Amount of Each Receipt this Period: 500.00

B. Joseph Harlan JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Kathwood Court

City Florence State SC Zip Code 29501-1975

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

Name of Employer: Pediatrix Medical Group of South Carol Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1375.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A1CBF4D06D63840B8A95

Amount of Each Receipt this Period: 1375.00

Payroll Deduction

C. John P Harvey MD
Full Name (Last, First, Middle Initial)

Mailing Address 7714 Bent Tree

City Amarillo State TX Zip Code 79121

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 ▼ 1000.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A20D5F84CFDD541B4ABD

Amount of Each Receipt this Period: 1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2875.00

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 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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 ▼ **687.51**

Date of Receipt **02 / 13 / 2015**

Transaction ID : AC0B5F2457C5746B5BF8

Amount of Each Receipt this Period **229.17**

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer American Anesthesiology, Inc. Occupation Div COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.68**

Date of Receipt **02 / 27 / 2015**

Transaction ID : AD201ED10857A46C580F

Amount of Each Receipt this Period **229.17**

Payroll Deduction

C. Ann T Heerens MD
Full Name (Last, First, Middle Initial)

Mailing Address 530 Cassell Lane Sw

City Roanoke State VA Zip Code 24014

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

Name of Employer Pediatrix Medical Group, P.C. Occupation Corporate Medical Directr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 27 / 2015**

Transaction ID : A70B27E4B53104AF28C5

Amount of Each Receipt this Period **300.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **758.34**

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 33 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Charles K Heritage MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4966 Walnut Walk
 City Kettering State OH Zip Code 45429
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Ohio Corp. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 02 / 17 / 2015
Transaction ID : A3396248E928247F8849
 Amount of Each Receipt this Period: **250.00**

B. Roger Mack Hinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8320 84th Avenue SE
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Washington, Occupation: Corp Med Director NICU
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2882.18**

Date of Receipt: 02 / 27 / 2015
Transaction ID : AB5B6380C1E1E4CCDA09
 Amount of Each Receipt this Period: **2882.18**

C. Patrick J Hodges MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 Green Falls Ct
 City Austin State TX Zip Code 78746
 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 **300.00**

Date of Receipt: 02 / 27 / 2015
Transaction ID : AD6D42119E9CF4A82BBE
 Amount of Each Receipt this Period: **300.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3432.18**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 91
	<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

Full Name (Last, First, Middle Initial) A. Michael Holliday MD		Date of Receipt
Mailing Address 1829 Tulip St Nw		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Washington	DC	20012
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A89501F6035694164907
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, P.C.	Neonatologist	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kelly Hunt		Date of Receipt
Mailing Address 6 Kona Lane		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Savannah	GA	31419
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE84D39848BD743E7845
Name of Employer	Occupation	Amount of Each Receipt this Period
Magella Medical Associates of Georgia,	Office Manager	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<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) C. Ayne K Iafolla MD		Date of Receipt
Mailing Address 14220 Cervantes Avenue		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Darnestown	MD	20874
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AF76403FC03C348BDA3E
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix of Maryland, P.A.	Neonatologist	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1950.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John Isaac MD
Full Name (Last, First, Middle Initial)

Mailing Address 8368 Settlers Peak

City Boerne State TX Zip Code 78015-4948

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 ▼
1000.00

Date of Receipt
02 / 27 / 2015
Transaction ID : AE78E5240C6F9474FB8A

Amount of Each Receipt this Period
1000.00

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer Occupation
American Anesthesiology, Inc. Dir Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
396.30

Date of Receipt
02 / 13 / 2015
Transaction ID : AC095ABDF3CF7438298B

Amount of Each Receipt this Period
132.10

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer Occupation
American Anesthesiology, Inc. Dir Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
528.40

Date of Receipt
02 / 27 / 2015
Transaction ID : ADBF9DEC6DCE9422BB6A

Amount of Each Receipt this Period
132.10

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1264.20

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 91
<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. Charmaine Kathen
Full Name (Last, First, Middle Initial)
Mailing Address 5611 Canaan Cross

City San Antonio	State TX	Zip Code 78247
---------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A4AF8E9C9A9114749A80

Amount of Each Receipt this Period
300.00

Payroll Deduction

B. Mark C Katris
Full Name (Last, First, Middle Initial)
Mailing Address 3440 NE 15th Avenue

City Oakland Park	State FL	Zip Code 33334
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : ACAACD99EA9E04AD48FE

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
----------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AE7042AFC4C8E47749CD

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Alexander Kenton MD
Full Name (Last, First, Middle Initial)
Mailing Address 302 W Lynwood Ave

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

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

Name of Employer Pediatrix Medical Services, Inc.	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
02	/	13	/	2015

Transaction ID : A8AE3D39F267049838A3

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
---------------------	-------------	-------------------

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 ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AF8CBBB8FB6C748DA958

Amount of Each Receipt this Period
200.00

Payroll Deduction

C. Robert Kiley MD
Full Name (Last, First, Middle Initial)
Mailing Address 231 Venison Creek Drive

City Monument	State CO	Zip Code 80132
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Colorado, P	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
02	/	27	/	2015

Transaction ID : A156F97BA53634D14BB2

Amount of Each Receipt this Period
600.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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 38 OF 91
<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. Maria Kong MD
Full Name (Last, First, Middle Initial)

Mailing Address 900 Wards Landing S E

City Winter Haven	State FL	Zip Code 33880
----------------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A54E0F6AC7D1043ECBAE

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

Mailing Address 6415 W Quail Ave

City Las Vegas	State NV	Zip Code 89118
-------------------	-------------	-------------------

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

Name of Employer Pokroy Medical Group of Nevada, Ltd.	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
02	/	27	/	2015

Transaction ID : A459AF5D364584324A05

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

Mailing Address 4342 Indian Creek Ln

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : A84CD751D38E74776B30

Amount of Each Receipt this Period

208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	808.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 91
<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. Tony M Lacaze
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **AD6F3D7C735C94D9289A**

Amount of Each Receipt this Period: **208.33**

Payroll Deduction

B. Mary Laird MD
Full Name (Last, First, Middle Initial)

Mailing Address 4311 Valli Vista

City Colorado Springs State CO Zip Code 80915

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 ▼ **2500.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : **AD7A4267CBF7F42EE871**

Amount of Each Receipt this Period: **2500.00**

Payroll Deduction

C. David T Lam MD
Full Name (Last, First, Middle Initial)

Mailing Address 1415 Greystone RDG

City San Antonio State TX Zip Code 78258

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **312.51**

Date of Receipt: **02 / 13 / 2015**
Transaction ID : **A44A9369FFCB74B8198C**

Amount of Each Receipt this Period: **104.17**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2812.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 91
	<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. David T Lam MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A25627A4CEF2841DE976
Mailing Address 1415 Greystone RDG		Amount of Each Receipt this Period 2187.49
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Russell Lawrence MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A6A9416F8329D443E839
Mailing Address 613 Regency Crossing		Amount of Each Receipt this Period 1000.00
City Ft Worth	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Stewart Lawrence MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : AC7F45BA1703D4CFCB67
Mailing Address 2555 E Plateau Drive		Amount of Each Receipt this Period 62.50
City Boise	State ID	Zip Code 83712
FEC ID number of contributing federal political committee. C	Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	3249.99
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 91
	<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	State	Zip Code
Bedford	VA	24523

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A45431A1BBA754CA4A73

Amount of Each Receipt this Period
62.50

Payroll Deduction

B. Loc T Le MD
Full Name (Last, First, Middle Initial)

Mailing Address 1425 Sierra Ave

City	State	Zip Code
San Jose	CA	95126

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

Name of Employer	Occupation
Pediatrix Medical Group of California,	Neonatologist

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
02 / 27 / 2015

Transaction ID : AF595746BC0704957B16

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 1000 1st Avenue
1900

City	State	Zip Code
Seattle	WA	98104

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A8A547E394E6240AFABA

Amount of Each Receipt this Period
200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	562.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 91
<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. Peter Levine		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Weston	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AC96777D16DEC4166904
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation Sr Division Counsel		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Peter Levine		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Weston	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A9369785C2284413D89D
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation Sr Division Counsel		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Beverly Gail Lim		Date of Receipt
Mailing Address 201 NE 4th Street		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City Boca Raton	State FL	Zip Code 33432
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A4DF8FE4F79C745E4BD4
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Occupation VP Business Expansion		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

A. Lori Linder
Full Name (Last, First, Middle Initial)

Mailing Address 4508 E Sourwood Drive

City Gilbert State AZ Zip Code 85298

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt: 02 / 12 / 2015
Transaction ID : AE270C8FFADE54FD4B5E

Amount of Each Receipt this Period: 225.00

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

Mailing Address 7821 Night Hawk Road

City Chattanooga State TN Zip Code 37421

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 ▼ 1333.34

Date of Receipt: 02 / 27 / 2015
Transaction ID : AD6A59A77D34A45C0993

Amount of Each Receipt this Period: 666.67

Payroll Deduction

C. John Loyd MD
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Jamieson Dr

City Austin State TX Zip Code 78750

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 ▼ 300.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A71E18AF5E26F41E7A5F

Amount of Each Receipt this Period: 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1191.67

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 44 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. David A Luthy MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A171025CAF78B445B86E
Mailing Address 4505 N E 33 Ste 750		Amount of Each Receipt this Period 5000.00
City Seattle	State WA	Zip Code 98105
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Obstetrix Medical Group of Washington,	Occupation Medical Director PERI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Mary Frances Lynch MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A1347128CAD624EFBB8C
Mailing Address 4109 Galt Ave		Amount of Each Receipt this Period 1500.00
City Ft Worth	State TX	Zip Code 76109
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

Full Name (Last, First, Middle Initial) C. Bruce Manno		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : A9E456C732F8B45E4AC1
Mailing Address 1257 Ginger Circle		Amount of Each Receipt this Period 130.85
City Weston	State FL	Zip Code 33326
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Internal Audit	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.55	

SUBTOTAL of Receipts This Page (optional).....▶	6630.85
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 45 OF 91
	<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. Bruce Manno
Full Name (Last, First, Middle Initial)

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **523.40**

Date of Receipt **02 / 27 / 2015**

Transaction ID : A65D5FA866DC84EF2AAF

Amount of Each Receipt this Period **130.85**

Payroll Deduction

B. Dushan J Martinasek MD
Full Name (Last, First, Middle Initial)

Mailing Address 11411 Carrollwood Drive

City Tampa State FL Zip Code 33618

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 ▼ **2500.00**

Date of Receipt **02 / 27 / 2015**

Transaction ID : AA443B9CA33694B2780E

Amount of Each Receipt this Period **2500.00**

Payroll Deduction

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

Mailing Address 333 Las Olas Way Apt 3005

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt **02 / 27 / 2015**

Transaction ID : ABCA89E9F28E2483AA28

Amount of Each Receipt this Period **416.67**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3047.52**

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 91
<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. Stefan R Maxwell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Chatham Road
 City Charleston State WV Zip Code 25304
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, P.C. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **833.34**

Date of Receipt: 02 / 27 / 2015
Transaction ID : A73C3CC58DFB0481B897
 Amount of Each Receipt this Period: 416.67
 Payroll Deduction

B. John G McKay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Highfield Court
 City Greer State SC Zip Code 29650
 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 **1000.00**

Date of Receipt: 02 / 27 / 2015
Transaction ID : A0D1189B56DF445DF8D0
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

C. Julie C Mendoza MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2709 Via Cipriani Unit 514B Unit 514B
 City Clearwater State FL Zip Code 33764
 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: 02 / 16 / 2015
Transaction ID : A31BEDA2A642E4B0991B
 Amount of Each Receipt this Period: 300.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1716.67**
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 47 OF 91
	<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. Darryl Miao MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 2417 Warner Rd		Transaction ID : A4356C6C92C594868AC1
City Ft Worth	State TX	Zip Code 76110
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 600.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Simon Michael MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 2132 Wimberly Lane		Transaction ID : A91DE4726433B49E48C9
City Austin	State TX	Zip Code 78735
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Hugh Miller MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015
Mailing Address 7417 N Secret Canyon Drive		Transaction ID : A1EB42C103B3848568EB
City Tucson	State AZ	Zip Code 85718
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 150.00	
Name of Employer Obstetrix Medical Group of Arizona, P.	Occupation Medical Director PERI	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 48 OF 91
<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. Margaret L Miller		Date of Receipt
Mailing Address 721 Edgefield Rd		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Fort Worth	TX	76107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA3162B8F885242B5AB2
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	NNP	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Randy Miller MD		Date of Receipt
Mailing Address 4970 Parkmoor Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1E3697561C5544EF99A
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Ohio Corp.	Medical Director NICU	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Douglas M Moeckel MD		Date of Receipt
Mailing Address 3313 Stockton Dr		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Florence	SC	29501
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1AD3FEB8B323418683A
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of South Carol	Neonatologist	<input type="text" value="1375.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1375.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 91
<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. Stephen T Moffitt MD		Date of Receipt
Mailing Address 22 Lowell Place		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
West Orange	NJ	07052
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, P.A.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3000.00"/>	
		Transaction ID : ADFAAD8893BFE490882B
		Amount of Each Receipt this Period
		<input type="text" value="3000.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Khawar Mohsini MD		Date of Receipt
Mailing Address 1635 Linden Place		<input type="text" value="02"/> / <input type="text" value="27"/> / <input type="text" value="2015"/>
City	State	Zip Code
Saginaw	MI	48638
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Michigan, P	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : AD8B9D8251210463C9B1
		Amount of Each Receipt this Period
		<input type="text" value="2300.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Melissa P Montague		Date of Receipt
Mailing Address 228 Geese Landing		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Glen Allen	VA	23060
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Dir Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>	
		Transaction ID : ABFAB9ACF7A5B44CEB4F
		Amount of Each Receipt this Period
		<input type="text" value="95.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5395.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 91
<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. Melissa P Montague
 Full Name (Last, First, Middle Initial)
 Mailing Address 228 Geese Landing
 City State Zip Code
 Glen Allen VA 23060
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A5B9C05096B8245CCA4F
 Amount of Each Receipt this Period
 95.00
 Payroll Deduction

B. Phillip L Morris
 Full Name (Last, First, Middle Initial)
 Mailing Address 512 Dimock Way
 City State Zip Code
 Wake Forest NC 27587
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of North Carol Chief Anesthetist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : AB669D806DB7946E9B07
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

C. Wyndham Mortimer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 982 Hood RD
 City State Zip Code
 Fayetteville GA 30214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Georgia, LL Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 18 / 2015
Transaction ID : A285057162C2446A6965
 Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 51 OF 91
<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. Cary Murphy MD
Full Name (Last, First, Middle Initial)
Mailing Address 1906 Ne Bel Aire Dr

City Ankeny	State IA	Zip Code 50021
----------------	-------------	-------------------

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

Name of Employer Magella Medical Associates Midwest, P.	Occupation Corporate Medical Directr
--	---

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
02	/	27	/	2015

Transaction ID : ADF0DBC84CF734187ACB

Amount of Each Receipt this Period

300.00

Payroll Deduction

B. Ronald A Naglie MD
Full Name (Last, First, Middle Initial)
Mailing Address 25135 Stageline Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A59F529DE75294665B3D

Amount of Each Receipt this Period

150.00

Payroll Deduction

C. Vijay Nama MD
Full Name (Last, First, Middle Initial)
Mailing Address 3101 Kennison Court

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

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 ▼ **832.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A95C018F651D6403AB79

Amount of Each Receipt this Period

416.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	866.00
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 91
<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. Jonathan NedreLOW MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4850 Moss Hollow Ct
 City Fort Worth State TX Zip Code 76109
 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 **500.00**

Date of Receipt: 02 / 18 / 2015
Transaction ID : A22722296163A4BA5923
 Amount of Each Receipt this Period: 500.00

B. Donald Neirink MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7018 Oakhurst Ridge Rd Apt 201
 City Clarkston State MI Zip Code 48348
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of MI PC Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 02 / 16 / 2015
Transaction ID : AFF051D9FE9304C4EA8E
 Amount of Each Receipt this Period: 250.00

C. Lori Nesslein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3508 Park Hollow St
 City Ft Worth State TX Zip Code 76109
 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 **2500.00**

Date of Receipt: 02 / 27 / 2015
Transaction ID : A188918FB62BE4735873
 Amount of Each Receipt this Period: 2500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 91
<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. Gerald A Nystrom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6007 Club Oaks Drive
 City Dallas State TX Zip Code 75248
 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 **300.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : A325BA2784C4548B6806
 Amount of Each Receipt this Period: **300.00**
 Payroll Deduction

B. Thomas P O'Brien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Ridgewood Rd
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix of Maryland, P.A. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : A3E409E8784BC4640B88
 Amount of Each Receipt this Period: **5000.00**
 Payroll Deduction

c. Olufemi O Okanlami MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51310 Shamrock Hills Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Indiana, P. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : A32960CC5C7F447D39C9
 Amount of Each Receipt this Period: **250.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5550.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 91
<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. Clayton J Olney DO
Full Name (Last, First, Middle Initial)

Mailing Address 4951 Cape Coral Drive

City Dallas State TX Zip Code 75287

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : A3A4B448B22EE488A904

Amount of Each Receipt this Period: **1000.00**

Payroll Deduction

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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 ▼ **240.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : AD1265E33B1DF4BDEAC7

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

Payroll Deduction

c. Marta Papp MD
Full Name (Last, First, Middle Initial)

Mailing Address 1421 Beddington Park

City Nashville State TN Zip Code 37215

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 ▼ **1000.00**

Date of Receipt: **02 / 27 / 2015**
Transaction ID : A4BCDD1DEB798450BAA^

Amount of Each Receipt this Period: **1000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2060.00**

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 55 OF 91
	<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

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

Mailing Address 17944 Villa Club Way

City Boca Raton State FL Zip Code 33496

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

Name of Employer American Anesthesiology of Florida, In Occupation Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : AD5C9BFCC882247D0955

Amount of Each Receipt this Period
250.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Hirenkumar Patel MD

Mailing Address 6121 Morning Glory Dr

City Roanoke State VA Zip Code 24012

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

Name of Employer Pediatrix Medical Group, P.C. Occupation Unit Medical Dir 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
02 / 27 / 2015

Transaction ID : AB209573D47CD40EFA5B

Amount of Each Receipt this Period
600.00

Payroll Deduction

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

Mailing Address 3005 Scenic Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : ACCE5B81F06C04B7F97B

Amount of Each Receipt this Period
416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ► **1266.67**

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 56 OF 91
<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. Darren Patz		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : AD71123E0C9D445DD9E2
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 208.33
City Miami Shores	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation VP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.99	

Full Name (Last, First, Middle Initial) B. Darren Patz		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A731CFF9AC9F74023823
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 208.33
City Miami Shores	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation VP Government Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.32	

Full Name (Last, First, Middle Initial) C. Lee A Pearse MD		Date of Receipt MM / DD / YYYY 02 / 18 / 2015 Transaction ID : A36F0688156DB4C31B64
Mailing Address 12116 Drujon Lane		Amount of Each Receipt this Period 1000.00
City Dallas	State TX	Zip Code 75244
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director Cardi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1416.66
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 57 OF 91
	<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 Pepia
Full Name (Last, First, Middle Initial)

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A48AE6B97DC8B489BB86

Amount of Each Receipt this Period
400.00

Payroll Deduction

B. Fortunato PerezBenavides MD
Full Name (Last, First, Middle Initial)

Mailing Address 306 Vicksburg Ave

City Lubbock State TX Zip Code 79416-3105

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

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

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
02 / 18 / 2015

Transaction ID : A4486F702448E4F55AC5

Amount of Each Receipt this Period
500.00

C. 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 Pediatrix Medical Group, S.P. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A3B0DFCB3C99E4610B22

Amount of Each Receipt this Period
416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1316.67
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 58 OF 91
<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. Eduardo Perez MD
Full Name (Last, First, Middle Initial)
Mailing Address 5817 Misted Breeze Dr

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A13333B99DF834F059D6

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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 ▼ **624.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : ACE14E68D63E841ACBCB

Amount of Each Receipt this Period

208.33

Payroll Deduction

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

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A751CE965B5CC424EB09

Amount of Each Receipt this Period

208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	716.66
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 59 OF 91
	<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 Platt NP
Full Name (Last, First, Middle Initial)

Mailing Address 1150 East Loop 335 South

City	State	Zip Code
Amarillo	TX	79118

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	NNP

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
02 / 27 / 2015

Transaction ID : A817744E644F141A5A2D

Amount of Each Receipt this Period
600.00

Payroll Deduction

B. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City	State	Zip Code
Stony Creek	VA	23882

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **551.67**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2015

Transaction ID : A6E850318D93143FEAAE

Amount of Each Receipt this Period
183.89

Payroll Deduction

C. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City	State	Zip Code
Stony Creek	VA	23882

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **735.56**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : AD498B04DFFFE4122AEF

Amount of Each Receipt this Period
183.89

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	967.78
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 91
	<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. George Powers MD

Mailing Address 109 Sequoia Drive

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

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2015

Transaction ID : AF45B03F9E1A2442BA3B

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
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AF634B1175EF44B4C864

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 110 Gemini Ct

City Los Gatos	State CA	Zip Code 95032
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1958.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AF0412167FDB64989AA5

Amount of Each Receipt this Period
1758.64

SUBTOTAL of Receipts This Page (optional).....▶	1958.64
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 91
	<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. Richard Powers MD

Mailing Address 110 Gemini Ct

City Los Gatos State CA Zip Code 95032

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1958.64

Date of Receipt
MM / DD / YYYY
02 / 27 / 2015
Transaction ID : A10532EC4F81542E5B1F

Amount of Each Receipt this Period
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Linda Prado

Mailing Address 271 Nw 36th St

City Boca Raton State FL Zip Code 33431

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

Name of Employer Occupation
Mednax Services, Inc. Dir Facilities Dev

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt
MM / DD / YYYY
02 / 19 / 2015
Transaction ID : A892FD6DE6761440F808

Amount of Each Receipt this Period
750.00

Full Name (Last, First, Middle Initial)
C. Randy C Randel MD

Mailing Address 4553 Arcady

City Dallas State TX Zip Code 75205

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 ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 27 / 2015
Transaction ID : AEFA14B7C6CA44304B20

Amount of Each Receipt this Period
300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 91
	<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. Cara Rhoads
Full Name (Last, First, Middle Initial)

Mailing Address 832 Heritage Dr

City Weston	State FL	Zip Code 33326
----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP Practice Integration
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID : A5E4B55527C8C463B9A5

Amount of Each Receipt this Period
1000.00

B. Juli Richter MD
Full Name (Last, First, Middle Initial)

Mailing Address 5690 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	23	/	2015

Transaction ID : A9E285FD1A3A54726993

Amount of Each Receipt this Period
1500.00

C. David M Riley MD
Full Name (Last, First, Middle Initial)

Mailing Address 1204 Delaware Drive

City Mansfield	State TX	Zip Code 76063
-------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A1D43B92640084353BDF

Amount of Each Receipt this Period
300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 91
	<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. Misael Rodriguez MD
Full Name (Last, First, Middle Initial)

Mailing Address 4670 Carnoustie Ct

City Macon State GA Zip Code 31210

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
02 / 17 / 2015
Transaction ID : AE818BAC7DF7041CDA3F

Amount of Each Receipt this Period
500.00

B. Edgar Jose Romero MD
Full Name (Last, First, Middle Initial)

Mailing Address 2603 Rosemary Ct

City Pearland State TX Zip Code 77584

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 ▼ 2500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A3E881BE9BDBF46758AD

Amount of Each Receipt this Period
2500.00

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 277.11

Date of Receipt
02 / 13 / 2015
Transaction ID : A54F42BA5E595410E97B

Amount of Each Receipt this Period
92.37

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 3092.37

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 64 OF 91
<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. Idelsi Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address 3941 SW 186th Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **369.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : AE341422DC5B4438D8D1

Amount of Each Receipt this Period

92.37

Payroll Deduction

B. Nanette Sanders
Full Name (Last, First, Middle Initial)
Mailing Address 21862 Shenandoah Dr

City Lake Forest	State CA	Zip Code 92630
---------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir Operations15
---	--------------------------------

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
02	/	18	/	2015

Transaction ID : A11294CB1D792441FB01

Amount of Each Receipt this Period

500.00

C. Debra Sansoucie
Full Name (Last, First, Middle Initial)
Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda	State FL	Zip Code 33950
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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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A89498E05CF5C4AD9AD3

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	654.87
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 91
	<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. Jeffrey A Scheidlinger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8400 Woodbranch Ct
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Medical Director Anesth
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **02 / 17 / 2015**
Transaction ID : A35A2AAD3EB9D4971B81
 Amount of Each Receipt this Period **500.00**

B. Clair A Schwendeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17616 Ivy Hill Drive
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **02 / 13 / 2015**
Transaction ID : AF52567674E114358B45
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

c. Clair A Schwendeman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17616 Ivy Hill Drive
 City Dallas State TX Zip Code 75287
 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 **400.00**

Date of Receipt **02 / 27 / 2015**
Transaction ID : ADB25E4C66C2643E1A5B
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 91
<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. Kenneth Shaffer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5801 Longhorn Landing
 City Austin State TX Zip Code 78734
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director Cardi
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : AC1B9B7FE17F54B598CB
 Amount of Each Receipt this Period: 2500.00
 Payroll Deduction

B. Jeffrey D Shapiro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5080 Jett Forest Trl
 City Atlanta State GA Zip Code 30327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of Georgia, LL Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1250.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A0CAB05D0C557423A8DC
 Amount of Each Receipt this Period: 1250.00
 Payroll Deduction

C. Richard J Sheridan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11804 Willow Point Way
 City Tampa State FL Zip Code 33618-8651
 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: 02 / 27 / 2015
Transaction ID : A23377C1C3EDD4AD3BC0
 Amount of Each Receipt this Period: 300.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	4050.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 91
	<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. Pradeep Siwach MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A2F06FB7BB5C549EFB89
Mailing Address 6423 Westshire CT Apt K		Amount of Each Receipt this Period 300.00
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. Scott D Solomon MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A51D11F33E89F401094B
Mailing Address 3186 Silver Lake Drive NE		Amount of Each Receipt this Period 300.00
City Atlanta	State GA	Zip Code 30319
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of Georgia, LL	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Brenda Sommer		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A51743CCBA36843F8B8D
Mailing Address 4871 Acorn Street		Amount of Each Receipt this Period 63.01
City Boca Raton	State FL	Zip Code 33487
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Clin Mgr Chart Abstractor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 252.04	

SUBTOTAL of Receipts This Page (optional).....▶	663.01
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 91
	<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. Alan Spitzer MD		Date of Receipt
Mailing Address 6883 Lost Garden Terrace		<input type="text" value="02"/> / <input type="text" value="12"/> / <input type="text" value="2015"/>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0336B66B14CF4D9A879
Name of Employer Mednax Services, Inc.	Occupation SVP Research and Edu	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5000.00"/>
	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. Bharath Srivatsa MD		Date of Receipt
Mailing Address 1917 North Akin Drive NE		<input type="text" value="02"/> / <input type="text" value="26"/> / <input type="text" value="2015"/>
City Atlanta	State GA	Zip Code 30345
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A249C31B098C34F0280F
Name of Employer Neonatology Associates of Atlanta, P.C	Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="200.00"/>
	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Leeann Steinberg		Date of Receipt
Mailing Address 12020 N W 18 Street		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City Plantation	State FL	Zip Code 33323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A64CD9FD4F0684CC6817
Name of Employer Mednax Services, Inc.	Occupation VP of Tax	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="1000.00"/>
	<input type="text" value="1000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 91
<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. Craig Steiner MD
Full Name (Last, First, Middle Initial)

Mailing Address 4709 Camargo Court

City College Station	State TX	Zip Code 77845-4405
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : A9387A8A18A584BBF858

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

Mailing Address 5190 Olive Court

City Greenwood Village	State CO	Zip Code 80121
---------------------------	-------------	-------------------

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

Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatologist
--	------------------------------

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
02	/	27	/	2015

Transaction ID : A8785415EE135458D9BE

Amount of Each Receipt this Period

300.00

Payroll Deduction

C. Michael J Stevener MD
Full Name (Last, First, Middle Initial)

Mailing Address 2124 Bradford Park

City Fort Worth	State TX	Zip Code 76107
--------------------	-------------	-------------------

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 ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	27	/	2015

Transaction ID : ACB3AFC6CCD874E798BA

Amount of Each Receipt this Period

5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5425.00
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 70 OF 91
	<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. Jeffrey W Stolz MD
Full Name (Last, First, Middle Initial)

Mailing Address 13249 7th Ave Nw

City Seattle State WA Zip Code 98177

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 ▼ 400.00

Date of Receipt: 02 / 18 / 2015
Transaction ID : AD3EFE1E470D146068F3

Amount of Each Receipt this Period: 400.00

B. Julia L Stones
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer: Mednax Services, Inc., Occupation: Dir Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 02 / 13 / 2015
Transaction ID : A82ECECEF3A2B4431892

Amount of Each Receipt this Period: 85.00

Payroll Deduction

C. Julia L Stones
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer: Mednax Services, Inc., Occupation: Dir Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : AD5C0C9D29AE54026974

Amount of Each Receipt this Period: 85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 570.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 91
<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. Milissa Stubbs		Date of Receipt MM / DD / YYYY 02 / 13 / 2015 Transaction ID : ACE3E2066503243E0BBD
Mailing Address 2751 NE 48th Court		Amount of Each Receipt this Period 104.17
City Lighthouse Point	State FL	Zip Code 33064
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation VP Practice Integration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.51	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Milissa Stubbs		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A22B79F2CD26148658D1
Mailing Address 2751 NE 48th Court		Amount of Each Receipt this Period 104.17
City Lighthouse Point	State FL	Zip Code 33064
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation VP Practice Integration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 416.68	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Terrence J Sweeney MD		Date of Receipt MM / DD / YYYY 02 / 27 / 2015 Transaction ID : A1546811AB98E484B8FD
Mailing Address 727 17th Avenue East		Amount of Each Receipt this Period 140.00
City Seattle	State WA	Zip Code 98112
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Washington,	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	348.34
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 72 OF 91
	<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. Bannie Lee Tabor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Still Meadow Drive
 City Ft Worth State TX Zip Code 76132
 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 **400.00**

Date of Receipt: 02 / 27 / 2015
Transaction ID : AD518D0DB374A4D27873
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

B. Kenneth I Tan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15680 Shannon Hts Rd
 City Los Gatos State CA Zip Code 95032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of California, Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt: 02 / 27 / 2015
Transaction ID : A026DC23A32F14E1DBFB
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

C. Brian L Thomas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 655 Colebrook Court
 City Atlanta State GA Zip Code 30327-4710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of Georgia, LL Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: 02 / 18 / 2015
Transaction ID : A7B84EBC5722E49F983C
 Amount of Each Receipt this Period: 300.00

SUBTOTAL of Receipts This Page (optional)..... **1500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 91
	<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 L Thomas MD
Full Name (Last, First, Middle Initial)

Mailing Address 655 Colebrook Court

City Atlanta State GA Zip Code 30327-4710

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

Name of Employer American Anesthesiology of Georgia, LL Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt **02 / 19 / 2015**

Transaction ID : AEF974DC98D1446579FC

Amount of Each Receipt this Period **-300.00**

Return of 2/18/15 contribution

B. Brian L Thomas MD
Full Name (Last, First, Middle Initial)

Mailing Address 655 Colebrook Court

City Atlanta State GA Zip Code 30327-4710

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

Name of Employer American Anesthesiology of Georgia, LL Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 27 / 2015**

Transaction ID : AB737F5DF1599450DBF1

Amount of Each Receipt this Period **300.00**

Payroll Deduction

C. Harris Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 7643 NW 122nd Drive

City Parkland State FL Zip Code 33076

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 ▼ **498.00**

Date of Receipt **02 / 13 / 2015**

Transaction ID : A02A80289FCA947DB88D

Amount of Each Receipt this Period **166.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	166.00
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 74 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Harris Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 7643 NW 122nd Drive

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

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 ▼ **664.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A03FAA57C8BD7452BAA5

Amount of Each Receipt this Period
166.00

Payroll Deduction

B. Scott Tisdell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Crownhill DR

City Arlington	State TX	Zip Code 76012
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **454.54**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A03E3862C73464B5DA41

Amount of Each Receipt this Period
227.27

Payroll Deduction

C. Joe Toney MD
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : AE7A32AAD4995429E947

Amount of Each Receipt this Period
200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	593.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 91
	<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. Susan F Townsend MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 891 14th St
 Unit 3710
 City Denver State CO Zip Code 80202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Colorado, P
 Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A04A2A51495A64710ACD
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction

B. Thomas Truman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2820 Cline Street
 City Tallahassee State FL Zip Code 32308
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Florida, In
 Occupation: Pediatric Intensivist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A230746A353AD48AE933
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

C. Richard Turner DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Quail Meadows Lane
 City Arlington State TX Zip Code 76002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: Pediatric Hospitalist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A906BAC7432894ECA830
 Amount of Each Receipt this Period: 5000.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	6125.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 91
	<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. Gary A Twiggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24761 Judi Court
 Ste 4000
 City Laguna Niguel State CA Zip Code 92677
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.34

Date of Receipt: 02 / 27 / 2015
Transaction ID : A7D01B43FC2524783829
 Amount of Each Receipt this Period: 416.67
 Payroll Deduction

B. Karen R Underwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11834 N 142nd Street
 City Scottsdale State AZ Zip Code 85259
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Dir Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 624.99

Date of Receipt: 02 / 13 / 2015
Transaction ID : ADAF6D029BA134F56BEC
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

C. Karen R Underwood MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11834 N 142nd Street
 City Scottsdale State AZ Zip Code 85259
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Dir Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 27 / 2015
Transaction ID : AE522BE6251994D0CBB6
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jose G Urrutia
Full Name (Last, First, Middle Initial)

Mailing Address 4256 Vilamoura DR

City Avon	State OH	Zip Code 44011
--------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Ohio Corp.	Occupation Corporate Medical Directr
---	---

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
02 / 27 / 2015

Transaction ID : ACE3B5DFA1FC84C71BF6

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 2236 Hawthorne Ave

City Ft Worth	State TX	Zip Code 76110
------------------	-------------	-------------------

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
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A3F66BAAAB13647796F

Amount of Each Receipt this Period
600.00

Payroll Deduction

C. Julio Vallette MD
Full Name (Last, First, Middle Initial)

Mailing Address 400 Normandy Dr

City Indialantic	State FL	Zip Code 32903
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 27 / 2015

Transaction ID : A5A324EAA8D944BCD901

Amount of Each Receipt this Period
500.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 91
<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. Philip Vaughn MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11529 Snow Creek Ave
 City Las Vegas State NV Zip Code 89135
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Corporate Medical Directr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 16 / 2015
Transaction ID : A75DDB9FB19344CDA896
 Amount of Each Receipt this Period 2000.00
 Payroll Deduction

B. Ajay K Verma MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1901 Preston Pl
 City Edmond State OK Zip Code 73013
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Oklahoma, P Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 27 / 2015
Transaction ID : AFFDC87F29E084BA1890
 Amount of Each Receipt this Period 500.00
 Payroll Deduction

C. Martin P Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7960 Simonds Road NE
 City Kenmore State WA Zip Code 98028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Washington, Occupation Practice Med DirPERI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 27 / 2015
Transaction ID : A7679B1BAF5BF44B59D4
 Amount of Each Receipt this Period 125.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	2625.00
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 91
<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. Marshall W Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 73 Rock Creek Drive
 City Greenville State SC Zip Code 29605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of South Carol Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 02 / 27 / 2015
Transaction ID : A2FED7CD628A749B2B35
 Amount of Each Receipt this Period 1250.00
 Payroll Deduction

B. Mary Wearden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22535 Lynridge
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 02 / 13 / 2015
Transaction ID : ABFBD5D35009C458EA38
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

C. Mary Wearden MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 22535 Lynridge
 City San Antonio State TX Zip Code 78258
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt
 02 / 27 / 2015
Transaction ID : A9FB06FCEC28046C8AA7
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 80 OF 91
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David Weisoly DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 S Bethany Bend Circle
 City The Woodlands State TX Zip Code 77382
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : A9F7229470863456DBB5
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

B. Suzanne Whitbourne MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1916 Renfro Road
 City Colleyville State TX Zip Code 76034
 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 ▼
 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 27 / 2015
Transaction ID : ABF6D7487CB8A4E91879
 Amount of Each Receipt this Period
 1500.00
 Payroll Deduction

C. Mike Williams
 Full Name (Last, First, Middle Initial)
 Mailing Address 11287 Crutchfields Ct
 City Glen Allen State VA Zip Code 23059
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Critical Health Systems, Inc. VP Revenue Cycle Mgmt
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2015
Transaction ID : A6B27DAC9BBB74D99A44
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 91
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mike Williams
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City State Zip Code
Glen Allen VA 23059

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
02 / 27 / 2015

Transaction ID : A6F4127E912334A49BDD

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv
Blv

City State Zip Code
Fort Lauderdale FL 33316

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
02 / 13 / 2015

Transaction ID : A423F5C3E49634F27815

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv
Blv

City State Zip Code
Fort Lauderdale FL 33316

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
02 / 27 / 2015

Transaction ID : A5E28E19A1B914E3DAD2

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 91
	<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. Odell Wilson MD
Full Name (Last, First, Middle Initial)

Mailing Address 5409 High Desert PI NE

City Albuquerque State NM Zip Code 87111

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

Name of Employer: Pediatrix Medical Group of New Mexico, Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A87DA3AD83C0F48228A0

Amount of Each Receipt this Period: 2500.00

Payroll Deduction

B. David S Wolf DO
Full Name (Last, First, Middle Initial)

Mailing Address 15 West 4th Street

City Corning State NY Zip Code 14830

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

Name of Employer: Pediatrix Medical Group Neonatology an Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : AFFB4A3E7B1F14C7E844

Amount of Each Receipt this Period: 600.00

Payroll Deduction

C. Lance Wyble MD
Full Name (Last, First, Middle Initial)

Mailing Address 141 S Sherrill St 603

City Tampa State FL Zip Code 33609

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 ▼ 1000.00

Date of Receipt: 02 / 17 / 2015
Transaction ID : AA24EFFB058164A57B0B

Amount of Each Receipt this Period: 1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	4100.00
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 91
	<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. Catherine J Yeagley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4180 Providence Lane
 City Tucker State GA Zip Code 30084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Georgia, P.
 Occupation: Medical Director PERI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : A83A9B421419A45A9B04
 Amount of Each Receipt this Period: 750.00
 Payroll Deduction

B. Gary L Yup MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Fireside Circle
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pokroy Medical Group of Nevada, Ltd.
 Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : AF6625E2924354A2EAB0
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

C. Mohammad ZiaUllah MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10422 Huebner Road 1201
 City San Antonio State TX Zip Code 78240
 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 ▼ 300.00

Date of Receipt: 02 / 27 / 2015
Transaction ID : ADAC86FC8AE50428E8F1
 Amount of Each Receipt this Period: 300.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
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 84 OF 91
(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

A. Full Name (Last, First, Middle Initial)
Terrance J Zuerlein MD

Mailing Address 21 Fontenay Circle

City Little Rock State AR Zip Code 72223

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

Name of Employer Occupation
Pediatrix Medical Group of Arkansas, P Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 27 / 2015
Transaction ID : A6CD25586F5AB4AB08EF

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	176310.90

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

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

FOR LINE NUMBER: PAGE 85 OF 91
(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 Ter
City Sunrise State FL Zip Code 33323-2843
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 157.98

Date of Receipt 02 / 23 / 2015
Transaction ID : A68592BD37DB541B4A0E
Amount of Each Receipt this Period 57.57
Reimbursement for January 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

SUBTOTAL of Receipts This Page (optional).....▶	57.57
TOTAL This Period (last page this line number only).....▶	57.57

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	17	/	2015

Transaction ID : B1C710A2A544F46EF889

Amount of Each Disbursement this Period

378.72

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

378.72

378.72

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement
Political Contribution to be allocated \$5,000 each, to the Primary, General,
State Party, and PAC
Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 19 / 2015

Transaction ID : **B5BD72F5C4D5340E692D**

Amount of Each Disbursement this Period

20000.00

Full Name (Last, First, Middle Initial)

B. Castro for Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016
Candidate Name

Category/
Type

Rep. Joaquin Castro

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) **Other2015**

State: TX District: 20

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : **B58A84BBB769E4653A02**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DEMOCRATS WIN SEATS (DWS PAC)

Mailing Address PO BOX 83142

City Gaithersburg State MD Zip Code 20883-3142

Purpose of Disbursement
Political Contribution- 2015
Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2015
 Primary General
 Other (specify) **Other2015**

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 23 / 2015

Transaction ID : **B2444A9621E72445F9C4**

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

27500.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Grassley Committee Inc

Mailing Address P.O. Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name
Sen. Chuck Grassley

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District:

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : **BA9C463DB9214480987E**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. JASON SMITH FOR CONGRESS

Mailing Address PO BOX 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name
Rep. Jason T. Smith

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MO District: 08

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : **B3C6679CE364E46209C6**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Mailing Address 5429 MADISON AVENUE

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name
Rep. Mike Thompson

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 05

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : **B119A562853484FCC997**

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 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. Upton For All Of Us

Mailing Address P.O. Box 490

City State Zip Code
St. Joseph MI 49085

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name
Rep. Fred S. Upton

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MI District: 06

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : BDE57FBB982B840EBB7F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Volunteers For Shimkus

Mailing Address P.O. Box 5458

City State Zip Code
Springfield IL 62705

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name
Rep. John M. Shimkus

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IL District: 15

Date of Disbursement

MM / DD / YYYY
02 / 23 / 2015

Transaction ID : BC97C4E4C91D5478C9E7

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

4000.00

41500.00

**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. Deal Inaugural

Mailing Address PO Box 12107

City Atlanta State GA Zip Code 30355-2107

Purpose of Disbursement
Contribution to Inaugural Committee

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State:

District:

Date of Disbursement

/ /

Transaction ID : BE49FFEFCC0164A37B18

Amount of Each Disbursement this Period

B. Florida Roundtable

Mailing Address 115 East Park Ave.
Suite 1

City Tallahassee State FL Zip Code 32301-7701

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

/ /

Transaction ID : BEE4D4B7876BA473AAB0

Amount of Each Disbursement this Period

C. Friends of Faber

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822-2923

Purpose of Disbursement
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

/ /

Transaction ID : B73438856D04842BA997

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. People in Need of Government Accountability

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		13		2015

Mailing Address 95 Merrick Way
Suite 250

Transaction ID : B528332CF7281486E9C1

City Coral Gables State FL Zip Code 33134-5314

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution- 2015

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼
Other2015

State: District:

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:

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)..... ▶

5000.00

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

26000.00
