

**SCHEDULE A (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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Bharath Srivatsa MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1917 North Akin Drive NE
 City Atlanta State GA Zip Code 30345
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neonatology Associates of Atlanta, P.C. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 29 / 2014
Transaction ID : AD0024E89F7114D9BA6A
 Amount of Each Receipt this Period
 200.00

B. 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 ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2014
Transaction ID : A903DE940BDDA4E6EAD3
 Amount of Each Receipt this Period
 125.00
 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 ▼ 4500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 11 / 2014
Transaction ID : ADFFCE8D0FA494F7C8BD
 Amount of Each Receipt this Period
 4500.00

SUBTOTAL of Receipts This Page (optional).....▶	4825.00
TOTAL This Period (last page this line number only).....▶	