

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. 12FE4M5 MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1301 Concord Terrace Sunrise FL 33323-2843 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00469205 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

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 Darren Patz

Signature of Treasurer Darren Patz [Electronically Filed] Date 09 / 06 / 2016

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="2016"/>		547566.95
(b) Cash on Hand at Beginning of Reporting Period.....	540072.72	
(c) Total Receipts (from Line 19) .....	39286.83	566255.71
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	579359.55	1113822.66
7. Total Disbursements (from Line 31).....	42537.18	577000.29
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	536822.37	536822.37
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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).....	37553.66	503892.36
(ii) Unitemized .....	1666.50	55775.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39220.16	559667.63
(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) .....	39220.16	559667.63
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).....	66.67	588.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	6000.00
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))..... ▶	39286.83	566255.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	39286.83	566255.71

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	37.18	725.29
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	37.18	725.29
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	167500.00
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 .....	42500.00	408775.00
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)) ..	42537.18	577000.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	42537.18	577000.29

**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) .....	39220.16	559667.63
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39220.16	559667.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	37.18	725.29
37. Offsets to Operating Expenditures (from Line 15, page 3).....	66.67	588.08
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-29.49	137.21

**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 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Pascal Goldschmidt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 NW 14th St  
 Ste 360  
 City Miami State FL Zip Code 33136-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Leonard M. Miller School of Medicine a Occupation Senior Vice President for Medical Affa  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 3750.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : AB57DB0B20ED146799CA**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item

**B. Miguel Fernandez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 121 Alhambra Plz  
 Ste 1100  
 City Coral Gables State FL Zip Code 33134-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax, Inc. Occupation Director, Mednax, Inc. Board O  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2500.00

Date of Receipt 08 / 03 / 2016  
**Transaction ID : A3E803503C7D449EA833**  
 Amount of Each Receipt this Period 2500.00  
 Memo Item

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

Date of Receipt 08 / 26 / 2016  
**Transaction ID : AB47D3751DC5B44DAA76**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **8750.00**  
**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 85
	<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. Dinh Vu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3307 Mendenaro Ct  
 City Fallbrook State CA Zip Code 92028-8041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magella Medical Group, Inc. Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : ABFCFC59F7F544E6CAD4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Sanjuanita GarzaCox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Regent Arms  
 City San Antonio State TX Zip Code 78257-1263  
 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 ▼ 3333.28

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A3B4D054BD56F42D6831**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Christine N Aune MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15814 Seekers St  
 City San Antonio State TX Zip Code 78255-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A1ED6C5BEFE8A4BB9B94**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	566.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 85
<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 HI

City San Antonio	State TX	Zip Code 78230-1500
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A020E36B9D6A1412B80C**

Amount of Each Receipt this Period  
500.00

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

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

Mailing Address 1310 S College St

City Georgetown	State TX	Zip Code 78626-7020
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A85DAF13FB3B34FD19F8**

Amount of Each Receipt this Period  
200.00

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

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

Mailing Address 8 Ranch Ter

City Fair Oaks	State TX	Zip Code 78015-8368
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A879EDE44C1D440CEA59**

Amount of Each Receipt this Period  
150.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	850.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191-3908

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

Name of Employer Mednax Services, Inc. Occupation RVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2058.30

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AED9F282C2256456D8CB**

Amount of Each Receipt this Period 291.66

Memo Item  
Payroll Deduction Payroll Deduction: \$145.83/Bi-Monthly

**B. Dawn Parry**  
Full Name (Last, First, Middle Initial)

Mailing Address 1032 Stradshire Dr

City Raleigh State NC Zip Code 27614-8364

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A0BFFD08131F7433F9B4**

Amount of Each Receipt this Period 50.00

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

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

Mailing Address 1542 SE 13th St

City Ft Lauderdale State FL Zip Code 33316-2212

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

Name of Employer Mednax Services, Inc. Occupation Div COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3666.72

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AA3242894E3324230989**

Amount of Each Receipt this Period 458.34

Memo Item  
Payroll Deduction Payroll Deduction: \$229.17/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 800.00

**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 10 OF 85
<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. Carey D Osborne**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4095 NW 24th Ave  
 City Boca Raton State FL Zip Code 33431-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Clinical Staffing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 960.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A66DC7FC5E9D64B178FB**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**B. Peggy L Jenkins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9432 Green Terrace Dr  
 City Dallas State TX Zip Code 75220-5138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Hr Generalist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A755E79C74604468D82F**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**C. Arnold Poole**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12149 Huske Rd  
 City Stony Creek State VA Zip Code 23882-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2016  
**Transaction ID : ABF3E63BE75174752AB7**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	576.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 85
<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. Matthew J Devine**  
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Needham Ct

City Delray Beach State FL Zip Code 33445-7141

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AFE491CF797FC49878DC**

Amount of Each Receipt this Period **416.66**

Memo Item

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

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

Mailing Address 423 S Westridge Cir

City Anaheim State CA Zip Code 92807-3722

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

Name of Employer Mednax Services, Inc. Occupation Reg Dir Patient Accts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A56DF6A997D2443A99CB**

Amount of Each Receipt this Period **120.00**

Memo Item

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

**C. Randall D Uttley**  
Full Name (Last, First, Middle Initial)

Mailing Address 921 W Georgia Ave Apt 1091

City Phoenix State AZ Zip Code 85013-1929

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

Name of Employer Mednax Services, Inc. Occupation Dir Operations II

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : ADDEBB9A14F414D81942**

Amount of Each Receipt this Period **30.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>566.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 85
	<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. Eric Henry**

Mailing Address 9648 S Lake Dr

City Boca Raton State FL Zip Code 33434-3944

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

Name of Employer Mednax Services, Inc. Occupation Dir Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.72**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A3D7F41C5FE3B4187AE3**

Amount of Each Receipt this Period **83.34**

Memo Item

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

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

Mailing Address 7700 NW 120th Dr

City Parkland State FL Zip Code 33076-4536

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AD6B3586A78024861A1A**

Amount of Each Receipt this Period **120.00**

Memo Item

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

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

Mailing Address 245 Michigan Ave # GL1

City Miami Beach State FL Zip Code 33139-7035

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

Name of Employer Mednax Services, Inc. Occupation Dir Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A1B1FAFCF076A4BB2832**

Amount of Each Receipt this Period **50.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>253.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 85
<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. Vivek K Vijayamadhavan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 127 Candelaria  
 City Helotes State TX Zip Code 78023-4711  
 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 ▼ 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A355B994CE19E48DB878**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Stewart Lawrence MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 E Plateau Dr  
 City Boise State ID Zip Code 83712-7562  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mountain States Neonatology, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AEBDFF2FE8A7249C9B8B**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**C. David M Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4974 Akron St Unit 301  
 City Denver State CO Zip Code 80238-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Colorado, P NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 320.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A64C9B7D715774B768E3**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<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. Karen J Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee St  
Apt B

City Lakewood State CO Zip Code 80232-6254

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 31 / 2016  
Transaction ID : ACE0DA8C6BA814FFE84A

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 7736 Norwich Rd

City Powell State TN Zip Code 37849-4600

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
640.00

Date of Receipt  
08 / 31 / 2016  
Transaction ID : AB4C94E268A0B4DB3BE3

Amount of Each Receipt this Period  
80.00

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

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

Mailing Address 7710 Scrapeshin Trl  
Apt 107

City Chattanooga State TN Zip Code 37421-4289

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
320.00

Date of Receipt  
08 / 31 / 2016  
Transaction ID : AB5BAAEF433284FDDBE8

Amount of Each Receipt this Period  
40.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	170.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 85
	<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. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Dr  
 City Dallas State TX Zip Code 75287-7561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A9556734821C44FA8BB4**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Maria R Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Westelm Cir  
 City San Antonio State TX Zip Code 78230-2638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3333.28

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AF4EC368874F04B1E843**  
 Amount of Each Receipt this Period  
 416.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Kaashif A Ahmad MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11814 Elmscourt  
 City San Antonio State TX Zip Code 78230-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A95DD2CF096F54B1F843**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	656.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 85
<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. Deborah Catland**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12819 Gypsophila

City San Antonio	State TX	Zip Code 78253-6156
---------------------	-------------	------------------------

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 ▼  
320.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A1069B7BE08EB4B6DA13**

Amount of Each Receipt this Period  
40.00

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

**B. Timothy Biela MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8050 Colonial Woods

City Boerne	State TX	Zip Code 78015-4992
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
720.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : AE6B6EFA074E74431A8B**

Amount of Each Receipt this Period  
90.00

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A5ED6BD80D4ED4FC3A2F**

Amount of Each Receipt this Period  
400.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	530.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 85
<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. George C Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Sequoia Dr  
 City San Antonio State TX Zip Code 78232-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1600.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AE784A1B37D684E0CA09**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Mary Wearden MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 22535 Lynridge Dr  
 City San Antonio State TX Zip Code 78260-7747  
 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 ▼  
 3200.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A12BC99ED5C9C4F31A21**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Ann Zugarramurdi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10854 SW 88th St Apt 418  
 City Miami State FL Zip Code 33176-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Mgr Insurance Program  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A18EE755C58AC4268A36**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	630.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dominic J Andreano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 Lost Garden Ter  
 City Parkland State FL Zip Code 33076-3952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation SVP & Gen'l Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **4333.34**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A8DDF8431DD0246D580E**  
 Amount of Each Receipt this Period **583.34**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$291.67/Bi-Monthly

**B. Tony M Lacaze**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4342 Indian Creek Ln  
 City Frisco State TX Zip Code 75033-0144  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Regional President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3333.28**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AE7FD95F295A8429FA32**  
 Amount of Each Receipt this Period **416.66**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Bonnie Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 S Ocean Dr Blv  
 City Fort Lauderdale State FL Zip Code 33316-3858  
 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 **2000.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A5D7C713B533441E9A49**  
 Amount of Each Receipt this Period **250.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 85
<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 Ames**  
Full Name (Last, First, Middle Initial)

Mailing Address 1299 Walnut Ter

City Boca Raton State FL Zip Code 33486-5566

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

Name of Employer Mednax Services, Inc. Occupation Sr DirMSO Strat Projects

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A3DFBD65C026448AE92E**

Amount of Each Receipt this Period 125.00

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

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

Mailing Address 13830 SW 33rd Ct

City Davie State FL Zip Code 33330-4688

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

Name of Employer Mednax Services, Inc. Occupation Dir Office Based Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : ACDF785340984C45A7A**

Amount of Each Receipt this Period 40.00

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

**C. Claire M Fair**  
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Dr # 102

City Hollywood State FL Zip Code 33021-8434

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

Name of Employer Mednax Services, Inc. Occupation VP Human Resources

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AEA22930EE2EE46B9A76**

Amount of Each Receipt this Period 416.66

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	581.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 85
	<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. Kenny Alvarez**  
Full Name (Last, First, Middle Initial)

Mailing Address 20351 SW 1st St

City State Zip Code  
Pembroke Pines FL 33029-5025

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
480.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AA0AC55769E4D4B83829**

Amount of Each Receipt this Period  
60.00

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

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

Mailing Address 817 SW 10th St

City State Zip Code  
Fort Lauderdale FL 33315-1224

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

Name of Employer Occupation  
Mednax Services, Inc. VP Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
666.72

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AFA45C351493744C68A6**

Amount of Each Receipt this Period  
83.34

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

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

Mailing Address 6541 NE 20th Ter

City State Zip Code  
Ft Lauderdale FL 33308-1017

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
1360.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A6EB08F78037346F1889**

Amount of Each Receipt this Period  
170.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 313.34

**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 21 OF 85
	<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. Shannon S Allen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10200 Waters Dr  
 City Irving State TX Zip Code 75063-5352  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir IS Clinic Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **877.91**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A129A010D96574A0496B**  
 Amount of Each Receipt this Period **109.74**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$54.87/Bi-Monthly

**B. Kasandra Rossi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7603 NW 113th Ave  
 City Parkland State FL Zip Code 33076-4776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Sr Dir Fin RptgAsstTres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A854C9AD9588746838B6**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Park Cir  
 City Franklin State TN Zip Code 37064-8938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1850.24**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AFC8EC4171CD14CF1A30**  
 Amount of Each Receipt this Period **231.28**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$115.64/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>391.02</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 85
	<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. Simon Frisch**

Mailing Address 3816 W Hibiscus St

City Weston State FL Zip Code 33332-2493

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

Name of Employer Mednax Services, Inc. Occupation Dir Operations II

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AA9C9C602476F49AC8B6**

Amount of Each Receipt this Period  
200.00

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

Full Name (Last, First, Middle Initial)  
**B. Kathleen S O'Hara**

Mailing Address 760 Azalea Ct

City Plantation State FL Zip Code 33317-1804

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

Name of Employer Mednax Services, Inc. Occupation Dir Coding

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A0592D6A6DE714C86B70**

Amount of Each Receipt this Period  
100.00

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

Full Name (Last, First, Middle Initial)  
**C. Jacquelyn A Liberto**

Mailing Address 2543 Jardin Ter

City Weston State FL Zip Code 33327-1517

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A454C22FF81E24FB6879**

Amount of Each Receipt this Period  
125.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 425.00

**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 23 OF 85
	<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. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302-0048

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

Name of Employer Mednax Services, Inc. Occupation Div VP Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A33E4749A38154024822**

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 321 Winslow Way

City Swansea State MA Zip Code 02777-1127

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

Name of Employer Mednax Services, Inc. Occupation Dir PDX Analytical Rsrch

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A9660815CA70E4FD9BA5**

Amount of Each Receipt this Period **100.00**

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

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

Mailing Address 2751 NE 48th Ct

City Lighthouse Point State FL Zip Code 33064-7940

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.72**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AC1EF4B02E5DC46D48A3**

Amount of Each Receipt this Period **208.34**

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

**SUBTOTAL** of Receipts This Page (optional)..... **408.34**

**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 24 OF 85
<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 33029-2720
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **782.37**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A935BF2C298564660985**

Amount of Each Receipt this Period  

92.00
-------

 Memo Item  
 Payroll Deduction Payroll Deduction: \$46.00/Bi-Monthly

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

Mailing Address 1257 Ginger Cir

City Weston	State FL	Zip Code 33326-3630
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2093.60**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A4773B53EFB164D7F979**

Amount of Each Receipt this Period  

261.70
--------

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

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

Mailing Address 2523 Sheep Creek Rd

City Bedford	State VA	Zip Code 24523-5891
-----------------	-------------	------------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Adv Practitioners
---	-------------------------------------

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
08	/	31	/	2016

**Transaction ID : A409DB31A70554553BC9**

Amount of Each Receipt this Period  

125.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>478.70</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mark C Katris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3440 NE 15th Ave

City Oakland Park State FL Zip Code 33334-5354

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

Name of Employer Mednax Services, Inc. Occupation Mgr Aviation Chief Pilot

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A341874A78F584AA49B4**

Amount of Each Receipt this Period 150.00

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

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

Mailing Address 253 NE 99th St

City Miami Shores State FL Zip Code 33138-2434

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.28

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AFC5CB3642DC14069920**

Amount of Each Receipt this Period 416.66

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

**C. Frances C Cox**  
Full Name (Last, First, Middle Initial)

Mailing Address 232 Rosemary Holw

City Buda State TX Zip Code 78610-5123

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

Name of Employer Mednax Services, Inc. Occupation Mgr Reg HS

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AEA52B6CBFCCC406FAF0**

Amount of Each Receipt this Period 50.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	616.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda	State FL	Zip Code 33950-7670
---------------------	-------------	------------------------

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

Name of Employer Mednax Services, Inc.	Occupation VP AdvPr Program
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A9B577B2A9507472F8CB**

Amount of Each Receipt this Period  
125.00

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

**B. Noah S Bunker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hedge Ln

City Austin	State TX	Zip Code 78746-3207
----------------	-------------	------------------------

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

Name of Employer Mednax Services, Inc.	Occupation RVP
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A0B76D31E6B4B49BA826**

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 4050 SW 140th Ave

City Davie	State FL	Zip Code 33330-5717
---------------	-------------	------------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Customer Svcs
---	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
757.44

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A02D6CA5A3E484749B00**

Amount of Each Receipt this Period  
94.68

Memo Item  
Payroll Deduction Payroll Deduction: \$47.34/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	269.68
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 85
<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. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Ter  
City Lighthouse Point State FL Zip Code 33064-7229  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation VP Business Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AE27EF5D7E7C74DC0A5B**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Robert Manning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 NE 8th Ave  
City Ft Lauderdale State FL Zip Code 33301-1212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation VP Business Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **720.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AD51105970E1A49249B1**  
Amount of Each Receipt this Period **90.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

**C. Katherine Grichnik MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6423 Collins Ave Apt 1405  
City Miami Beach State FL Zip Code 33141-4642  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation VP Quality and Safety  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1600.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A44416EB81D4042DF876**  
Amount of Each Receipt this Period **200.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **390.00**  
**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 28 OF 85
	<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. Barclay Gang**  
Full Name (Last, First, Middle Initial)

Mailing Address 757 NE 74th St  
Apt 2801

City Miami State FL Zip Code 33138-5231

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.72**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AF5B81C160741423795F**

Amount of Each Receipt this Period **83.34**

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

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

Mailing Address 11918 First Branch Ct

City Chesterfield State VA Zip Code 23838-5600

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

Name of Employer Mednax Services, Inc. Occupation Mgr Reg Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AA4EBFC30D2EE491F99F**

Amount of Each Receipt this Period **30.00**

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

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

Mailing Address 10080 NW 10th St

City Plantation State FL Zip Code 33322-6557

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

Name of Employer Mednax Services, Inc. Occupation Dir Clinical SystemANES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A779145E39ECD4D06AD0**

Amount of Each Receipt this Period **40.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **153.34**

**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 29 OF 85
	<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. Melissa P Montague**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5415 Hickory Ann Dr  
 City State Zip Code  
 Glen Allen VA 23059-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. RVP  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1520.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A7631E91CA632466987E**  
 Amount of Each Receipt this Period  
 190.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$95.00/Bi-Monthly

**B. Brian Rosenberg**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7366 NW 108th Way  
 City State Zip Code  
 Parkland FL 33076-1860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Dir Training & Dev't  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AF2BB06D5A2554EAB98D**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**C. Joshua A Peck**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1319 SW 5th Ave # 904  
 City State Zip Code  
 Boca Raton FL 33432-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Dir Bus Dev Internal  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A029EE77714C04A2BB61**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 85
	<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. Jean M Houy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7552 N Shores Dr  
 City Navarre State FL Zip Code 32566-8435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AB0CCFD FE103F467DB7F**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**B. Louis A Romagnoli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7730 Hanahan Pl  
 City Lake Worth State FL Zip Code 33467-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A24398694296344D580A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Dr  
 City Wilmington State NC Zip Code 28405-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AF17823CBED354AEE975**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	180.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 85
	<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. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Rd  
 City State Zip Code  
 Wilmington NC 28409-0504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : A836DA0A604384E158CB**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Judson H Evans MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2614 Mimosa Pl  
 City State Zip Code  
 Wilmington NC 28403-4024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AD7861C36B9B94A1BBA1**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Amy V Isenberg MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5506 Captains Ln  
 City State Zip Code  
 Wilmington NC 28409-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 320.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : A11C66AE150EE4156B82**  
 Amount of Each Receipt this Period  
 40.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	140.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 85
	<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. Nathaniel P Nonoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 317 S 2nd St  
 City Wilmington State NC Zip Code 28401-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **267.52**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AB9A14FCCF49944A98F4**  
 Amount of Each Receipt this Period **33.44**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**B. Virgil E Bean MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 259 Williams Rd  
 City Wilmington State NC Zip Code 28409-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AFC7BAA4B1D4144F08F8**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Jenna E Black MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 338 Sea Manor Dr  
 City Surf City State NC Zip Code 28445-6636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **267.52**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A71B7F7DC0C1E4E778AB**  
 Amount of Each Receipt this Period **33.44**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>116.88</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 85
	<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. Larry Conenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 161 Xavier Cir  
 City Syracuse State NY Zip Code 13210-3042  
 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 ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A5DA79210742B4382B23**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Rebecca D Doise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Emergent and Critical Care S Medical Director ER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A7510E79DBD0C4F028A4**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Christopher P Murray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11566 Snow Creek Ave  
 City Las Vegas State NV Zip Code 89135-1668  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pokroy Medical Group of Nevada, Ltd. Pediatric Hospitalist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AC5E56338AA3C4136AAB**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 34 OF 85
<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. Patricia Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Luberon Dr  
 City Henderson State NV Zip Code 89044-0362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A4DCDA0DECB054D26949**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Aretas Brazianus MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 Brookview Cir  
 City Reno State NV Zip Code 89519-7367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AC75DB7E540C847FC955**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Michelle M Pastorello MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7333 Rietz Canyon St  
 City Las Vegas State NV Zip Code 89131-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AB17F125A39284868ACF**  
 Amount of Each Receipt this Period **30.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 35 OF 85
<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. Eddie Arredondo**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1827 Magliano Dr  
City Boynton Beach State FL Zip Code 33436-1109  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Sr Staff Auditor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AEC7C921E2B484B13A36**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Nydia Altamirano**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10230 SW 133rd Ct  
City Miami State FL Zip Code 33186-2862  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Dir Office Based Systems  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A5FB383EBA41141CE8EF**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Mike Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12151 Old Sawmill Rd  
City Ashland State VA Zip Code 23005-7557  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Dir Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1600.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A22378A5F9CCC40E08E2**  
Amount of Each Receipt this Period **200.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 85
<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. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Rdg

City Great Falls	State MT	Zip Code 59405-5532
---------------------	-------------	------------------------

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

Name of Employer Alaska Neonatology Associates, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AFDB3F26094C44193933**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 917 Rabbit Run

City Wilmington	State NC	Zip Code 28409-2207
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.52

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A610B0002EA494CE3AFD**

Amount of Each Receipt this Period  
33.44

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

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

Mailing Address 6601 Cove Point Dr

City Wilmington	State NC	Zip Code 28409-2924
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AACBA6E193A234FE0BEC**

Amount of Each Receipt this Period  
30.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	163.44
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Robert E Lubanski MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6415 Hawks Bill Dr  
 City State Zip Code  
 Wilmington NC 28409-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AF1AFE601B7BF4E9A92E**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Charles M Hahn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6317 Shinn Creek Ln  
 City State Zip Code  
 Wilmington NC 28409-2152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AD5FE8561AFD1481FBCC**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Lydia N Wright MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3224 Shadow Ct  
 City State Zip Code  
 Wilmington NC 28409-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Coastal Car Medical Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 333.60

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AF37336CB0BC849B1BFB**  
 Amount of Each Receipt this Period  
 41.70  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$41.70/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	141.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 85
<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. Martin Cascio MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1 Libera Ct  
City Rhinebeck State NY Zip Code 12572-2623  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Anesthesiology of New York Occupation Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A62FCFF6E448F489ABC7**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Johny Tryzmel MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3765 NE 209th Ter  
City Aventura State FL Zip Code 33180-3769  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pediatrix Medical Group of Florida, In Occupation Medical Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : ADC98049EFF8744B0BFF**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Alfonso Vargas MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 Starfire Cswy  
City Oldsmar State FL Zip Code 34677-4015  
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 **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A067B25F9FB284847B80**  
Amount of Each Receipt this Period **100.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>200.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Michael S Moses MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12 Barraco Blvd  
 City Rhinebeck State NY Zip Code 12572-2145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of New York Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A85EFE383643C4ED5808**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Jorge McCormack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Brightwaters Cir NE  
 City St Petersburg State FL Zip Code 33704-3729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Florida, In Occupation Pediatric Cardiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A721A6EDF02A8447BA0A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Dianna Brozyna MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2711 Scarborough Ct  
 City Kissimmee State FL Zip Code 34744-5475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Florida, In Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A8453871E86BE4659B09**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	225.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 85
<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. Jwalanaiah Bellur MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6521 NE 21st Way

City Ft Lauderdale State FL Zip Code 33308-1062

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A48E9F7D7C7544F38B9B**

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

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

**B. Steven B Iskowitz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12600 Classic Dr

City Coral Springs State FL Zip Code 33071-7767

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

Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Medical Director Cardi

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A220C566AB26B4B86AC2**

Amount of Each Receipt this Period: **41.67**

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

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

Mailing Address 3144 Legends Cir

City Lakeland State FL Zip Code 33803-5432

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A20C926C95C4A42FE885**

Amount of Each Receipt this Period: **85.00**

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

**SUBTOTAL** of Receipts This Page (optional)..... **176.67**

**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 41 OF 85
	<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. Ronald P Carzoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 3rd Ave S  
 Apt 1101  
 City Jacksonville Beach State FL Zip Code 32250-6783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A09D5B8FC9545465BABE**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**B. Howard Brenker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6566 NW 99th Ln  
 City Parkland State FL Zip Code 33076-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A6053FCC359F141DDABF**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Jonathan Schwartz MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3740 Saltmeadow Ct S  
 City Jacksonville State FL Zip Code 32224-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 480.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A93738F65236A423FBBE**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	285.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 85
	<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. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave NE  
 City Redmond State WA Zip Code 98053-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: MFM Specialist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : AC7F3D3BB6E6A415BA1F**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Paul T Carrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5215 Buckman Mountain Rd  
 City Austin State TX Zip Code 78746-1512  
 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 **800.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A6A2E8D663E204ACB818**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Cedric Dupont MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29 Pascal Ln  
 City Austin State TX Zip Code 78746-2554  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of Texas, Inc. Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A13A7BCAD8BC341C4925**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Martin P Walker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7960 NE 170th St

City Kenmore State WA Zip Code 98028-3927

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

Name of Employer: Obstetrix Medical Group of Washington, Occupation: Practice Med Dir MFM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : A8EB97919F800469E8C5**

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

Memo Item

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

**B. Jeffrey M Jekot MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Woodcutters Way

City Austin State TX Zip Code 78746-1543

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : ABE8927D6354E44FDBCB**

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

Memo Item

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

**C. Pedro Moscoso MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1546 SE 10th St

City Deerfield Beach State FL Zip Code 33441-7165

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : A69BC5EAF3EB442F798E**

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

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janet G Wingkun MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1178 Breakers West Blvd

City	State	Zip Code
West Palm Beach	FL	33411-1884

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 ▼ **666.72**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A30CC469BAC8F4C66BB7**

Amount of Each Receipt this Period  

83.34
-------

 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.34/Bi-Monthly

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

Mailing Address 16775 NW 20th St

City	State	Zip Code
Pembroke Pines	FL	33028-2013

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 ▼ **2000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A466C578E32794F2FA33**

Amount of Each Receipt this Period  

250.00
--------

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

**C. Lalit K Shah MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2840 NE 36th St

City	State	Zip Code
Ft Lauderdale	FL	33308-5818

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 ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : AEA1432EB2C444D5F8EF**

Amount of Each Receipt this Period  

50.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>383.34</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 85
	<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 L Bankston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Pembroke Dr  
 City State Zip Code  
 Palm Beach Gardens FL 33418-4611  
 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 ▼  
 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AC9D4433016D34E9B8F4**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**B. Julio Vallette MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 400 Normandy Dr  
 City State Zip Code  
 Indialantic FL 32903-4014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3416.69

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AE5F5DBA451EF4CA78F6**  
 Amount of Each Receipt this Period  
 416.67  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. Charlene D Edwards MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Sail View Cv  
 City State Zip Code  
 Greensboro NC 27455-3449  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AD74A844BAE0447F3BD3**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	591.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 85
<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 F Hatchett MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5904 Snow Hill Dr  
 City Summerfield State NC Zip Code 27358-9123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A3D02B97AF18E4BB1BD7**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Dr N  
 City Greensboro State NC Zip Code 27403-1560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A006278911CFA4D73ADA**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Adam S Hodierne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W Bessemer Ave  
 City Greensboro State NC Zip Code 27401-1403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A68C01B0058014E6EB34**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 85
	<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. Ray Y Sato MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2000 Alaskan Way  
 Apt 349  
 City Seattle State WA Zip Code 98121-2104  
 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: 08 / 31 / 2016  
**Transaction ID : A4D1E72F1B9C846D293E**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Eric Leung MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2720 Boyer Ave E  
 # 1900  
 City Seattle State WA Zip Code 98102-3932  
 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 **1600.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A44669C8D154B44688BA**  
 Amount of Each Receipt this Period: 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Terrence J Sweeney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 17th Ave E  
 City Seattle State WA Zip Code 98112-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Washington, Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1120.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : ABDD2ADB1CB6D4124934**  
 Amount of Each Receipt this Period: 140.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$140.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 85
	<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. Robin Thornton MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Huntington Dr

City Burlington	State NJ	Zip Code 08016-9704
--------------------	-------------	------------------------

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

Name of Employer Burlington Anesthesia Associates, P.A.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A3CB70724988845BF954**

Amount of Each Receipt this Period  
41.67

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

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A0ED24F6843694A5B829**

Amount of Each Receipt this Period  
50.00

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

**C. Suryaprakash Ganti**  
Full Name (Last, First, Middle Initial)  
Mailing Address 130 Old Stirling Rd

City Warren	State NJ	Zip Code 07059-5830
----------------	-------------	------------------------

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

Name of Employer AA of NJ PC	Occupation Anesthesiologist
---------------------------------	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A13C7E4D3C78243CE860**

Amount of Each Receipt this Period  
125.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.67
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 85
	<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. Richard Pitera**  
Full Name (Last, First, Middle Initial)

Mailing Address 89 Undercliff Rd

City Montclair State NJ Zip Code 07042-1616

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

Name of Employer AA of NJ PC Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AA60B949D03B54DD997A**

Amount of Each Receipt this Period **125.00**

Memo Item

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

**B. Srikanth S Patankar**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 Lincoln Rd

City Westfield State NJ Zip Code 07090-3902

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

Name of Employer AA of NJ PC Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A49C76CF5C291439DBF9**

Amount of Each Receipt this Period **50.00**

Memo Item

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

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

Mailing Address 294 Iven Ave Apt 2B

City Wayne State PA Zip Code 19087-4904

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

Name of Employer Pediatrix Medical Group, P.A. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **666.64**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A0E3E47CB75AA45AC9C0**

Amount of Each Receipt this Period **83.33**

Memo Item

Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>258.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 85
	<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. Jonathan J Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 Intervail Dr  
 City Austin State TX Zip Code 78746-7629  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Texas, Inc. Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A0D0BF9334A6042A586A**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Ronald A Naglie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25135 Stageline Dr  
 City Laguna Hills State CA Zip Code 92653-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of California, Occupation Corp Med Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A85E5CDB9F916420CB4E**  
 Amount of Each Receipt this Period **150.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**C. Richard Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Gemini Ct  
 City Los Gatos State CA Zip Code 95032-5141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of California, Occupation Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3183.31**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A2634B7DF5CD6443AB19**  
 Amount of Each Receipt this Period **83.33**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>283.33</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 25470 Prado De Las Bellotas

City Calabasas	State CA	Zip Code 91302-3658
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A78AB9959A69F4BBEBFF**

Amount of Each Receipt this Period  

100.00
--------

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

**B. Steven Van Scoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5355 Candelabra Pl

City San Luis Obispo	State CA	Zip Code 93401-8397
-------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A37FB9959A69F4BBEBFF**

Amount of Each Receipt this Period  

40.00
-------

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

**c. Gary L Yup MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Fireside Cir

City Reno	State NV	Zip Code 89509-3514
--------------	-------------	------------------------

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 ▼ **1600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A007C768E126F4A9484B**

Amount of Each Receipt this Period  

200.00
--------

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 85
	<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. Barry Stowe MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2021 Coniston Pl

City Charlotte	State NC	Zip Code 28207-1801
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A761BE4C6B85B4C01949**

Amount of Each Receipt this Period  
50.00

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

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

Mailing Address 23 Westwind Dr

City Lemoyne	State PA	Zip Code 17043-1234
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A58797B71C03F4136B27**

Amount of Each Receipt this Period  
100.00

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

**C. Cheryl Robinson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1530 Wyatt Ct

City Reno	State NV	Zip Code 89521-6139
--------------	-------------	------------------------

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

Name of Employer Pokroy Medical Group of Nevada, Ltd.	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A82EBAEE38F98485D970**

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 85
<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 Camp JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1231 Jericho Ln

City Charlotte State NC Zip Code 28270-9520

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AA22651F247AF463EA0F**

Amount of Each Receipt this Period **50.00**

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

**B. Paul Jaszewski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 19449 Peninsula Shores Dr

City Cornelius State NC Zip Code 28031-7583

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A73F83F061E8143D2AC3**

Amount of Each Receipt this Period **75.00**

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

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

Mailing Address 1312 Montrose Dr

City Shelby State NC Zip Code 28150-6047

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A2EB8064061AE41D498C**

Amount of Each Receipt this Period **100.00**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 85
	<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 Salama MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 16741 One Hundred Norman Pl

City Cornelius	State NC	Zip Code 28031-8679
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : ADF70C396D4F24ECF99E**

Amount of Each Receipt this Period  
75.00

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

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

Mailing Address 2208 Hastings Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A7FABCCB947974D7FBC6**

Amount of Each Receipt this Period  
75.00

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

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

Mailing Address 522 Hermitage Ct  
Apt 3A

City Charlotte	State NC	Zip Code 28207-1414
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A2054054C50E1484C866**

Amount of Each Receipt this Period  
75.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 85
	<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 10583-3105  
 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 ▼  
 1600.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AA501F6B55E414DB99D4**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**B. Thomas P O'Brien MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 103 Ridgewood Rd  
 City Baltimore State MD Zip Code 21210-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix of Maryland, P.A. Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1249.98

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A57746F248384484CA2D**  
 Amount of Each Receipt this Period  
 208.33  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Brian J Palank JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1100 Metropolitan Ave  
 Unit 403  
 City Charlotte State NC Zip Code 28204-3408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist Assoc  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A264505AD15D1453288E**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	483.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 85
<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. Zenaida P Aranda MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 249 Clendenny Ave  
 City Jersey City State NJ Zip Code 07304-1112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group Neonatology an Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A64929E3E6EFB4AC78E3**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**B. Brent Holway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5400 Stonestrow Ct  
 City Charlotte State NC Zip Code 28226-6493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A978B991AF82449629CE**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Russell Cheaney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Greenway Dr  
 City Shelby State NC Zip Code 28150-6215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist Assoc  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AE4059DE747024E0FAEA**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 85
	<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. Ilka D Theruvath MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6610 Pensford Ln  
 City Charlotte State NC Zip Code 28270-7779  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A3C56659863024E18A08**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. James Doyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2137 Queens Rd E  
 City Charlotte State NC Zip Code 28207-2729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A964697C4BA9E41D6AD7**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Daniel Thailer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Summerhill Ridge Dr  
 City Charlotte State NC Zip Code 28226-5591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AC270D41F7B1947C7A0C**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 85
<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. Richard Franklin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Peninsula Ave

City Shelby	State NC	Zip Code 28150-9609
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A1128DED65ADA409CA60**

Amount of Each Receipt this Period  

85.00
-------

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

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

Mailing Address 17708 Mesa Range Dr

City Cornelius	State NC	Zip Code 28031-8769
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A4DD02CF051AC434A6A**

Amount of Each Receipt this Period  

75.00
-------

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

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

Mailing Address 2903 Hamden Dr

City Greensboro	State NC	Zip Code 27405-3676
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A3CBC9D554956494F810**

Amount of Each Receipt this Period  

50.00
-------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>210.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Charles L Ewell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 617 Blair St  
 City Greensboro State NC Zip Code 27408-7401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A3465609332964E70B00**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. James D Singer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 Captains Pt  
 City Greensboro State NC Zip Code 27455-3430  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AE3F020C289734997A76**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Bruce J Denenny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Winterberry Ct  
 City Greensboro State NC Zip Code 27455-0832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AEC0ABD5304464CAEA84**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 85
<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. Ayne K Iafolla MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14220 Cervantes Ave  
 City Darnestown State MD Zip Code 20874-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix of Maryland, P.A. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1200.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A6E2BF95E66464C48B4D**  
 Amount of Each Receipt this Period: 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**B. Eduardo A Otero MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2110 Alhambra Cir  
 City Coral Gables State FL Zip Code 33134-2105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: RVP  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A60EF09A0FC474F51837**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Reese H Clark MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16362 Malibu Dr  
 City Weston State FL Zip Code 33326-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: VP & CoDirector of CREQ  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3300.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A6019E380439341C49AD**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 85
	<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. Richard Gilbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1001 Coconut Dr  
 Apt 104  
 City Ft Lauderdale State FL Zip Code 33315-1147  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Chief Med Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **975.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A24348FE6B993446AAB2**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**B. Gary A Twiggs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10230 Sweet Bay Ct  
 Apt 1114  
 City Parkland State FL Zip Code 33076-3926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation COO Eastern Division  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3333.36**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A470F5BA556764D4F909**  
 Amount of Each Receipt this Period **416.67**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. John Pepia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20160 Ocean Key Dr  
 City Boca Raton State FL Zip Code 33498-4529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation SVP & Chief Acctg Officer  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A95DFBE20F7A2456DAE5**  
 Amount of Each Receipt this Period **400.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... **941.67**  
**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 62 OF 85
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 12717 W Sunrise Blvd  
# 256

City Sunrise State FL Zip Code 33323-0902

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AE8BCBFF7DFD84276976**

Amount of Each Receipt this Period **416.66**

Memo Item

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

**B. Pamela N Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NW 76th Ter

City Margate State FL Zip Code 33063-7929

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

Name of Employer Mednax Services, Inc. Occupation VP Clinical Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A2B8A8684142448A58A8**

Amount of Each Receipt this Period **50.00**

Memo Item

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

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

Mailing Address 10468 Laurel Rd

City Davie State FL Zip Code 33328-1358

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A6A71564450664626823**

Amount of Each Receipt this Period **500.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>966.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 85
<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. Jorge Del Toro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 NW 125th Ave  
 Apt 317  
 City Sunrise State FL Zip Code 33323-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Clin EdMD Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2565.36

Date of Receipt 08 / 31 / 2016  
**Transaction ID : AD86C10A33EF84AAB804**  
 Amount of Each Receipt this Period 320.67  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$320.67/Bi-Monthly

**B. Peter Haney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Chimney Rock Rd  
 City Houston State TX Zip Code 77024-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 666.64

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A737572EAA2B143DEA13**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**C. Bannie Lee Tabor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 Still Meadow Dr  
 City Ft Worth State TX Zip Code 76132-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director MFM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A2AA198D9D04E4810AD2**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	604.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 85
	<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. Craig Steiner MD**

Mailing Address 4709 Camargo Ct

City State Zip Code  
College Station TX 77845-4405

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AA78758B80FA54ACEB7D**

Amount of Each Receipt this Period  
125.00

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

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

Mailing Address 1203 Ashbury Bay

City State Zip Code  
San Antonio TX 78258-3842

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  
08 / 31 / 2016  
**Transaction ID : A476331C74336468F9BB**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 1420 Crownhill Dr

City State Zip Code  
Arlington TX 76012-2816

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1818.16

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : ABCD79E251E374BB0866**

Amount of Each Receipt this Period  
227.27

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	452.27
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 85
	<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. Richard A Sidebottom MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1305 Byron Nelson Pkwy  
 City Southlake State TX Zip Code 76092-9547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A218675C61D46412688B**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Pius J Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 W Park Dr Ste 9B  
 City Kingsport State TN Zip Code 37660-3813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Tennessee, Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A1EEBBBE484D74DE4872**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Lisa A LowerySmith MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7821 Night Hawk Rd  
 City Chattanooga State TN Zip Code 37421-7304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Tennessee, Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AD39D119402E8439F809**  
 Amount of Each Receipt this Period  
 333.31  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$333.31/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	483.31
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 85
	<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. Joe Toney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111-1426

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

Name of Employer: Obstetrix Medical Group of Colorado, P Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : A3C2AE71C3BFD489BBD**

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

Memo Item

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

**B. Martin B Jenkins MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 Anderton Springs Cv

City Memphis State TN Zip Code 38133-0900

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

Name of Employer: Pediatrix Medical Group of Tennessee, Occupation: Medical Director NICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : A4667679673EF4D4290D**

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

Memo Item

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

**C. Carl J Chelen MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 704 Prince Alston Cv

City Florence State SC Zip Code 29501-8055

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

Name of Employer: Pediatrix Medical Group of South Carol Occupation: Medical Director PICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **08 / 31 / 2016**

**Transaction ID : A82F30C8AD7BF40169EF**

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

Memo Item

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

**SUBTOTAL** of Receipts This Page (optional)..... **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 85
<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. Rosaire J Belizaire MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Grand Pointe Blvd  
 City Lafayette State LA Zip Code 70508-7362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Louisiana, Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : A88BD5F11584148F7B8E**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**B. Cameron Cole MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8239 New Cut Rd  
 City Campobello State SC Zip Code 29322-8733  
 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 ▼ 1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : AE9771B3C758E49DFA38**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**C. J Thomas Thomas Cox JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2488 W Keswick Rd  
 City Florence State SC Zip Code 29501-1931  
 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 ▼ 750.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 31 / 2016  
**Transaction ID : A6741F15C285041B9811**  
 Amount of Each Receipt this Period  
 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Michael S Paranka MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10126 Summit View Pointe  
 City Highlands Ranch State CO Zip Code 80126-5516  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Colorado, P  
 Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A77945876A33942ECB71**  
 Amount of Each Receipt this Period: 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Valerie J Bell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2973 Cheroakwood Ln  
 City Rockford State IL Zip Code 61114-6247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Illinois, P  
 Occupation: Med Dir Ped Hosp  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : AAE8ACCA0851140FF804**  
 Amount of Each Receipt this Period: 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Amy T Aaron**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 620 Bluff Springs Rd  
 City Ft Worth State TX Zip Code 76108-7600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc.  
 Occupation: Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A96355476668445ECA4B**  
 Amount of Each Receipt this Period: 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 85
	<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. Beverly Gail Lim**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 NE 4th St  
City Boca Raton State FL Zip Code 33432-4033  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation VP Business Expansion  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3200.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A43FA72BA08924A3281A**  
Amount of Each Receipt this Period **400.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**B. Thys Muller**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3876 Heron Ridge Ln  
City Weston State FL Zip Code 33331-3717  
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 **225.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A01DB654B613E4815B6A**  
Amount of Each Receipt this Period **50.00**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**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 33301-2390  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Regional President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **3333.36**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AC88EC8239E0546C1A8E**  
Amount of Each Receipt this Period **416.67**  
 Memo Item  
Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>866.67</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 85
	<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. B Keith Taylor MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Linden Ave

City Lynchburg State VA Zip Code 24503-2010

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A8160F24511F24CDA9FE**

Amount of Each Receipt this Period  
100.00

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

**B. Robert P Rieker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4420 Lake Boone Trl

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer Occupation  
American Anesthesiology of North Carol Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A75CC61682E7B49A0B91**

Amount of Each Receipt this Period  
50.00

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

**C. Erhan Atasoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4756 Sharpstone Ln

City Raleigh State NC Zip Code 27615-1680

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

Name of Employer Occupation  
American Anesthesiology of North Carol Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AD73945F18AE04F0E862**

Amount of Each Receipt this Period  
50.00

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

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 85
	<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. Stefan R Maxwell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Chatham Rd

City Charleston	State WV	Zip Code 25304-2763
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.36

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : A593C8A497F844AA5A01**

Amount of Each Receipt this Period  
416.67

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

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

Mailing Address 2020 Vinnings PI

City Raleigh	State NC	Zip Code 27608-1878
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : AEB50550FC8E249AA97B**

Amount of Each Receipt this Period  
50.00

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

**C. Robert M Treadway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Briar Stream Run

City Raleigh	State NC	Zip Code 27612-5240
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  
08 / 31 / 2016  
**Transaction ID : ABD3FDBD3876F48EFA3D**

Amount of Each Receipt this Period  
100.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	566.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 85
	<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. Francis J Abdou MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3828 White Chapel Way

City Raleigh State NC Zip Code 27615-1658

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A976A1BA944CC47F6A01**

Amount of Each Receipt this Period **100.00**

Memo Item

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

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

Mailing Address 1413 Dogwood Ln

City Raleigh State NC Zip Code 27607-6854

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : A0BB32C667BEB4275A7E**

Amount of Each Receipt this Period **85.00**

Memo Item

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

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

Mailing Address 6705 Greywalls Ln

City Raleigh State NC Zip Code 27614-8207

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 ▼ **400.00**

Date of Receipt **08 / 31 / 2016**

**Transaction ID : AA792F017790B422291D**

Amount of Each Receipt this Period **50.00**

Memo Item

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 73 OF 85
<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 Anderson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1615 Rancho Guadalupe Trl NW

City	State	Zip Code
Albuquerque	NM	87107-6529

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

Name of Employer	Occupation
Pediatrix Medical Group of New Mexico,	Medical Director 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
08	/	31	/	2016

**Transaction ID : A24EAB491388040989F9**

Amount of Each Receipt this Period  

75.00
-------

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

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

Mailing Address 4028 John S Raboteau Wynd

City	State	Zip Code
Raleigh	NC	27612-5329

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

Name of Employer	Occupation
American Anesthesiology of North Carol	Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A48B413221A6D43D6BF8**

Amount of Each Receipt this Period  

100.00
--------

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

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

Mailing Address 10422 E Windrose Dr

City	State	Zip Code
Scottsdale	AZ	85259-2422

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

Name of Employer	Occupation
Obstetrix Medical Group of Phoenix, P.	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
08	/	31	/	2016

**Transaction ID : AAA12C81E17924F30A7E**

Amount of Each Receipt this Period  

100.00
--------

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 85
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barbara Carr MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 14116 Fontana St  
City Leawood State KS Zip Code 66224-1155  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Kansas, P.A. Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : A24707410D8D845638E8**  
Amount of Each Receipt this Period: 100.00  
 Memo Item  
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Ana Spence MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11865 E Carol Ave Lot 6  
City Scottsdale State AZ Zip Code 85259-5969  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Obstetrix Medical Group of Phoenix, P. Occupation: MFM Specialist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **240.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : ACB55B3ADA92D45CBB5E**  
Amount of Each Receipt this Period: 30.00  
 Memo Item  
Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**C. Margaret D Davis MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5115 Park Dr  
City Vermilion State OH Zip Code 44089-1416  
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 **400.00**

Date of Receipt: 08 / 31 / 2016  
**Transaction ID : AB0AC35DF0F94496BAED**  
Amount of Each Receipt this Period: 50.00  
 Memo Item  
Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>180.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 85
<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. Cecil G Sharp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 576 Medinah Dr  
 City Augusta State GA Zip Code 30907-9446  
 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 ▼ 360.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A8EB74A3CC8A24FC9ABC**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

**B. Albert V Brawley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Brae Burn Dr  
 City Martinez State GA Zip Code 30907-9130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Georgia, P. Medical Director Hosp  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A3FB255C2335C48D3801**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Victor N Iskersky MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 305 Club Colony Cir  
 City Blythewood State SC Zip Code 29016-8282  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of South Carol Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.64

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A7BC704B431DA4515A50**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	303.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 85
<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. Vijay Nama MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3101 Kennison Ct

City Plano	State TX	Zip Code 75093-3451
---------------	-------------	------------------------

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 ▼  
3328.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : AD2E596466DBA4E149D8**

Amount of Each Receipt this Period  
416.00

Memo Item  
Payroll Deduction Payroll Deduction: \$416.00/Bi-Monthly

**B. Hanoch Patt MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3005 Scenic Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.36

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : ABEE777BD27C14F75BBD**

Amount of Each Receipt this Period  
416.67

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

**C. William D Caplan MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7207 Edloe St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
08	/	31	/	2016

**Transaction ID : A5B064A4C564D4FC6A2B**

Amount of Each Receipt this Period  
200.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1032.67
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 85
	<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. Dominick J Iaconetti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 Nichols Run Ct  
 City State Zip Code  
 Great Falls VA 22066-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 666.64

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A699CA675AE6741FE92F**  
 Amount of Each Receipt this Period  
 83.33  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**B. Steven A Lussos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12701 Megills Landing Ln  
 City State Zip Code  
 Clifton VA 20124-1450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : A2BB1E427ACD941DA818**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Peter K Wu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 908 Symphony Cir SW  
 City State Zip Code  
 Vienna VA 22180-5960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AEF53B30EA9CA4709BD0**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	233.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 85
	<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. Ronald S Bank MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1642 White Pine Dr  
 City Vienna State VA Zip Code 22182-1963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : ADB1D1FE05B4A4C3787C**  
 Amount of Each Receipt this Period **75.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Josephine Gambardella MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1014 Priory Pl  
 City McLean State VA Zip Code 22101-2134  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A99E36CEFB74E43A7827**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. David C Yarnall MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12519 Nathaniel Oaks Dr  
 City Oak Hill State VA Zip Code 20171-1732  
 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 **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AF2EFFC4ACF9D4DFD802**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>225.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 85
<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. Hugh Miller MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7417 N Secret Canyon Dr

City Tucson	State AZ	Zip Code 85718-1434
----------------	-------------	------------------------

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

Name of Employer Obstetrix Medical Group of Arizona, P.	Occupation Medical Director MFM
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : A017B3922B41D4F538B7**

Amount of Each Receipt this Period  
150.00

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

**B. Jose A PerezDiaz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6981 Carr 187 Apt 44A

City Carolina	State PR	Zip Code 00979-7019
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : AAACECD7ED933455C8A1**

Amount of Each Receipt this Period  
100.00

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

**C. Glen Paris MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Rolling Hill Dr

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

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

Name of Employer Summit Anesthesia PA	Occupation Medical Director Anesth
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
666.64

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	31	/	2016

**Transaction ID : AE14AE7849F0F4CFEB68**

Amount of Each Receipt this Period  
83.33

Memo Item  
Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 85
	<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. Terrance J Zuerlein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Fontenay Cir  
 City Little Rock State AR Zip Code 72223-9569  
 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 ▼  
 2000.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AD63947AE7C0947F7A90**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

**B. Carlos Perez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 11913  
 City San Juan State PR Zip Code 00922-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, S.P. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3333.36

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AD1647A8C646E49E6915**  
 Amount of Each Receipt this Period  
 416.67  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. Emil D Engels MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3127 Windsong Dr  
 City Oakton State VA Zip Code 22124-1832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 08 / 31 / 2016  
**Transaction ID : AF7C0B73E61584ED18B5**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	766.67
<b>TOTAL</b> This Period (last page this line number only).....	3753.66



**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 85
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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 ▼ **588.08**

Date of Receipt  
 M M / D D / Y Y Y Y  
**08 / 11 / 2016**

**Transaction ID : AC506D37C6CF5411C9F7**

Amount of Each Receipt this Period  
**66.67**

Memo Item  
 Reimbursement of July 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  
 M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>66.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>66.67</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : B234AAE8A252C47188F8

Amount of Each Disbursement this Period

37.18

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

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

37.18

37.18

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Lorena Gonzalez for Assembly 2016</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address c/o Pruitt Consulting 1020 12th Street #406		<b>Transaction ID : B63F6E2D3EEEA4DC0876</b>
City Sacramento	State CA	
Purpose of Disbursement Political Contribution - General 2016		Amount of Each Disbursement this Period 2500.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. James Wood for Assembly 2016</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address c/o Pruitt Consulting 1020 12th Street		<b>Transaction ID : BB8922CF12DF24E23B7A</b>
City Sacramento	State CA	
Purpose of Disbursement Political Contribution - General 2016		Amount of Each Disbursement this Period 3000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Women in Power PAC</b>		Date of Disbursement MM / DD / YYYY 08 / 08 / 2016
Mailing Address c/o Bertolina & Barnato 1005 12th Street, Suite H		<b>Transaction ID : B52372FB221EF487AB08</b>
City Sacramento	State CA	
Purpose of Disbursement Political Contribution - Other 2016		Amount of Each Disbursement this Period 7000.00
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Other	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	12500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Florida Roundtable**

Mailing Address 115 East Park Ave.  
Suite 1

City Tallahassee State FL Zip Code 32301-7701

Purpose of Disbursement  
Political Contribution - Other 2016

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2016

Transaction ID : B44BA0E7C5C364A178D3

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. REPUBLICAN PARTY OF FLORIDA**

Mailing Address 420 E. JEFFERSON STREET

City Tallahassee State FL Zip Code 32301-1818

Purpose of Disbursement  
Political Contribution - Other 2016

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2016

Transaction ID : BD6A61D2680FD481B942

Amount of Each Disbursement this Period

25000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Washington State Democratic Campaign**

Mailing Address 1000 Aurora Ave N; #100

City Seattle State WA Zip Code 98109-3551

Purpose of Disbursement  
VOID of 7.19.16 Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 30 / 2016

Transaction ID : B0610A89E4FB34B89A37

Amount of Each Disbursement this Period

-1000.00

Memo Item

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

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

49000.00

**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. Washington Senate Democratic Campaign**

Mailing Address 4130 1ST AVE S  
SUITE D

City Seattle State WA Zip Code 98134-2325

Purpose of Disbursement  
Political Contribution - Other 2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

Transaction ID : B3E14CAD277EC4BB0A56

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Kennedy Fund**

Mailing Address 3518 FREMONT AVENUE NORTH, #545

City Seattle State WA Zip Code 98103-8814

Purpose of Disbursement  
Political Contribution - Other 2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify)  Other

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 30 / 2016

Transaction ID : B0CFAE602113E4A55A47

Amount of Each Disbursement this Period

5000.00

Memo Item

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)  Other

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Memo Item

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

6000.00

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

67500.00