

# 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**  
Check if different than previously reported. (ACC) **Sunrise** **FL** **33323-2843**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** **C00469205** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  **11** /  **08** /  **2016** in the State of  **FL**

5. Covering Period  **10** /  **20** /  **2016** through  **11** /  **28** /  **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 **Patz, Darren, , ,**

Signature of Treasurer **Patz, Darren, , ,** [Electronically Filed] Date  **12** /  **05** /  **2016**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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"/>	<input type="text" value="547566.95"/>	<input type="text" value="547566.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="488078.38"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="52594.94"/>	<input type="text" value="654637.26"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="540673.32"/>	<input type="text" value="1202204.21"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8563.26"/>	<input type="text" value="670094.15"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="532110.06"/>	<input type="text" value="532110.06"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	52216.58	590561.62
(ii) Unitemized .....	247.76	57319.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	52464.34	647881.40
(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) .....	52464.34	647881.40
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).....	130.60	755.86
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)).....▶	52594.94	654637.26
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52594.94	654637.26

**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 .....	63.26	919.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	63.26	919.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	194500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	400.00
(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	400.00
29. Other Disbursements (Including Non-Federal Donations).....	6500.00	474275.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8563.26	670094.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8563.26	670094.15

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	52464.34	647881.40
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	52464.34	647481.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	63.26	919.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	130.60	755.86
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-67.34	163.29

**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 102
<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. Bean, Virgil, E, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 259 Williams Road

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

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A1EDA71C26DA54156868**

Amount of Each Receipt this Period  
75.00

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

**B. Lubanski, Robert, E, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6415 Hawksbill Dr

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

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : AC1C223E0EB224F31936**

Amount of Each Receipt this Period  
75.00

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

**C. Joslin, David, C, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 328 E Greenway Drive N

City Greensboro	State NC	Zip Code 27403
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A5650EF4583504970A7E**

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).....	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 7 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Leung, Eric, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2720 Boyer Ave E  
# 1900

City Seattle State WA Zip Code 98102

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

Name of Employer (for Individual) Occupation (for Individual)  
Pediatrix Medical Group of Washington, Corp Med Dir NICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  
11 / 28 / 2016  
**Transaction ID : A964371B50706480D9FD**

Amount of Each Receipt this Period  
400.00

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

**B. Nelson, Jean, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5212 Masonboro Harbour Dr

City Wilmington State NC Zip Code 28409

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

Name of Employer (for Individual) Occupation (for Individual)  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
11 / 28 / 2016  
**Transaction ID : A977B08D1965C4761841**

Amount of Each Receipt this Period  
37.50

Memo Item  
Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**C. Lawson, Barry, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5497 170 Place SE

City Bellevue State WA Zip Code 98006

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

Name of Employer (for Individual) Occupation (for Individual)  
Pediatrix Medical Group of Washington, Neonatologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  
11 / 28 / 2016  
**Transaction ID : A6CE641E5E7814985845**

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).....	537.50
<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 102
<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. Sweeney, Terrence, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 17th Avenue East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Washington, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AFB9E0B98F8C64C189B4**  
 Amount of Each Receipt this Period 280.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$140.00/Bi-Monthly

**B. Bavarian, Bijan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4020 GALT OCEAN DRIVE APARTMENT 1103  
 City Fort Lauderdale State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of Florida, In Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AAE652B780F2D44B9BDD**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**c. Mehdizadeh, Bahman, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25470 Prado De Las Bellotas  
 City Calabasas State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A41893651A8FB4C5BA27**  
 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).....	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 9 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Witt, Scott, A, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3745 Parker Hill Rd

City Santa Rosa	State CA	Zip Code 95404
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of California,	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A53A233E5F25F4D9A88A**

Amount of Each Receipt this Period  
50.00

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

**B. Powers, Richard, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 110 Gemini Ct

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

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

Name of Employer (for Individual) Pediatrix Medical Group of California,	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3433.30

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A110740E89C57472D82B**

Amount of Each Receipt this Period  
166.66

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

**C. Van Scoy, Steven, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5355 Candelabra Plce

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

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

Name of Employer (for Individual) Pediatrix Medical Group of California,	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A76A6924538F84283A91**

Amount of Each Receipt this Period  
80.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	296.66
<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 10 OF 102
	<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. Soliman, Antoine, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10218 Overhill Drive  
 City Santa Ana State CA Zip Code 92705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A433E6A77065C4703BBC**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Thornton, Robin, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Huntington Drive  
 City Burlington State NJ Zip Code 08016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Burlington Anesthesia Associates, P.A. Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A10C1465386134EB7A58**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

**C. Sato, Ray, Y, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Alaskan Way 349  
 City Seattle State WA Zip Code 98121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Washington, Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A78B7B353B19F4F28911**  
 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).....	233.34
<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 102
<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. Naglie, Ronald, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25135 Stageline Dr  
 City Laguna Hills State CA Zip Code 92653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of California, Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A01E2B3ACF4F24668832**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**B. Isenberg, Amy, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5506 Captains Lane  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AD683AF191AA14478A76**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**C. Barton, Andrew Charles, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A20B78D56BA8B4E19B2D**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	435.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 102
	<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. Evans, Judson, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2614 Mimosa Place

City Wilmington	State NC	Zip Code 28403
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A168E251AB38B4740881**

Amount of Each Receipt this Period  
75.00

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

**B. Ewell, Charles, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 617 Blair Street

City Greensboro	State NC	Zip Code 27408
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A4887B6D062AB4F36824**

Amount of Each Receipt this Period  
100.00

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

**C. Singer, James, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17 Captain's Point

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

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A0D52EA021CA44E3F8E9**

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).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 102
	<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. Fitzgerald, William, E., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2903 Hamden Drive  
 City Greensboro State NC Zip Code 27405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AB40EE15B4DE3482289E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. McCrea, William, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6601 Cove Point Drive  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4FE7109E95C54632869**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Dixon, Christopher, A., DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Edgewater Lane  
 City Wilmington State NC Zip Code 28403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A5CF78B63238B4A58A1D**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.50
<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 102
	<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. Fitzgerald, Robert, E, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 722 Gales Ave  
 City Winston Salem    State NC    Zip Code 27103  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants,    Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A81B855B6C3104E128B8**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Hahn, Charles, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6317 Shinn Creek Lane  
 City Wilmington    State NC    Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants,    Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary     General     Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC9FB27654FDE4911BFE**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Hatchett, John, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5904 Snow Hill Drive  
 City Summerfield    State NC    Zip Code 27358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants,    Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary     General     Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A143C5E8A8A2E457E96A**  
 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).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 102
<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. Nonoy, Nathaniel, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 S 2nd Street  
 City Wilmington State NC Zip Code 28401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.84

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A16D20ABDA13948CB9D0**  
 Amount of Each Receipt this Period 50.16  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**B. Edwards, Charlene, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4 Sailview Cove  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE12DF4EB97E34F5D92E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Hodierne, Adam, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 W Bessemer Avenue  
 City Greensboro State NC Zip Code 27401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AFDC764CCE5A54BC8924**  
 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).....	250.16
<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 102
<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. Smith, Stephen, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Rabbit Run Rd  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.84

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AED20E96F25EE41EF934**  
 Amount of Each Receipt this Period 50.16  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**B. Wright, Lydia, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3224 Shadow Court  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Coastal Car Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.70

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AFFF6E3F9A5E84AAD86A**  
 Amount of Each Receipt this Period 83.40  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$41.70/Bi-Monthly

**C. Cascio, Martin, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Libera Ct  
 City Rhinebeck State NY Zip Code 12572  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of New York Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A8C900AB08C984614BD4**  
 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).....	233.56
<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 102
<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. Moses, Michael, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12 Barraco Blvd

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

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

Name of Employer (for Individual) American Anesthesiology of New York	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A68108D187FDC4296970**

Amount of Each Receipt this Period  
150.00

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

**B. Tryzmel, Johny, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3765 Ne 209 Terrace

City Aventura	State FL	Zip Code 33180
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A9908313182014790BF7**

Amount of Each Receipt this Period  
100.00

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

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

Mailing Address 3144 Legends Circle

City Lakeland	State FL	Zip Code 33803
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Corp Med Dir NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A634A0F2434CB4ABAB2D**

Amount of Each Receipt this Period  
170.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Iskowitz, Steven, B, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12600 Classic Dr

City Coral Springs	State FL	Zip Code 33071
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Medical Director Cardi
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A661506A16DCD4409B51**

Amount of Each Receipt this Period  
83.34

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

**B. Bellur, Jwalanaiah, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6521 NE 21 Way

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

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A49599612622A4B8792D**

Amount of Each Receipt this Period  
100.00

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

**C. Carzoli, Ronald, P, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 50 3rd AVe South  
1101

City Jacksonville Beach	State FL	Zip Code 32250
----------------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Corp Med Dir
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A4D370C8F74E043DA8F0**

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).....	433.34
<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 102
<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. Liu, William, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9009 Ligon Court  
 City Fort Myers State FL Zip Code 33908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A3E126942DBD74EAFBC8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Moscoso, Pedro, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1546 SE 10 Street  
 City Deerfield Beach State FL Zip Code 33441  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4397F16C9AD641C2A6D**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Shah, Lalit, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2840 NE 36 St  
 City Ft Lauderdale State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A30FC3A8A85A24E92A88**  
 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 20 OF 102
	<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. Schwartz, Jonathan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3740 Saltmeadow Court  
 South  
 City Jacksonville State FL Zip Code 32224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AFE22A647A77C4C6F806**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**B. Vargas, Alfonso, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 410 Starfire Causeway  
 City Oldsmar State FL Zip Code 34677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A5A48CBD14DD341609C4**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**c. McCormack, Jorge, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Brightwaters Circle NE  
 City St Petersburg State FL Zip Code 33704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Pediatric Cardiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AE4C6F40F15D44BEAA5A**  
 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).....	520.00
<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 21 OF 102
	<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. Villano, Kathryn, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4248 Morena Lane

City Jacksonville	State FL	Zip Code 32207
----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Medical Director MFM
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : ABCA3BF9348404E5AB57**

Amount of Each Receipt this Period  
50.00

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

**B. Colindres, Jose, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 16775 NW 20 Street

City Pembroke Pines	State FL	Zip Code 33028
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A4F643A67B3E04E71A06**

Amount of Each Receipt this Period  
500.00

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

**C. Brozyna, Dianna, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2711 Scarborough Ct

City Kissimmee	State FL	Zip Code 34744
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A152D7E531376493AB58**

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).....	650.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 102
	<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. Rider, Evelyn, D, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6 Meadowlark Ridge Rd

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

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

Name of Employer (for Individual) Alaska Neonatology Associates, Inc.	Occupation (for Individual) Neonatologist
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2016

**Transaction ID : AED41A80D19734778B40**

Amount of Each Receipt this Period  
150.00

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

**B. Pitera, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 89 Undercliff Road

City Montclair	State NJ	Zip Code 07042
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AA of NJ PC	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2016

**Transaction ID : A8C8B7C4B32DB41AB81B**

Amount of Each Receipt this Period  
250.00

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

**C. Patankar, Srikanth, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 Lincoln Rd

City Westfield	State NJ	Zip Code 07090
-------------------	-------------	-------------------

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

Name of Employer (for Individual) AA of NJ PC	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2016

**Transaction ID : AA82E6F489C914480A77**

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).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 102
<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. Ganti, Suryaprakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Old Stirling Rd  
 City Warren State NJ Zip Code 07059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AA of NJ PC Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A3858EE543C9E4A068E5**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**B. Dupont, Cedric, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 29 Pascal Lane  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Texas, Inc. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AD52D6E3C9415429B928**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Lee, Jonathan, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1806 Intervail Dr  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Texas, Inc. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A235FA2577DA9400A973**  
 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).....	550.00
<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 24 OF 102
	<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. Carrell, Paul, T, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 Buckman Mountain Rd  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Texas, Inc. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A786A0759082C49DEAC2**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Friedman, Michael, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 294 Iven Avenue Apt 2B  
 City Wayne State PA Zip Code 19087  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.A. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ADF63B0CEF391427F96F**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**C. Bankston, John, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Pembroke Dr  
 City Palm Beach Gardens State FL Zip Code 33418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AEAFO7D7754C24544B9A**  
 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).....	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 25 OF 102
	<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. Vallette, Julio, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 400 Normandy Dr  
 City Indialantic State FL Zip Code 32903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4666.70

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2016  
**Transaction ID : A9BFEA128C2C3419AA4E**  
 Amount of Each Receipt this Period  
 833.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**B. Brenker, Howard, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6566 NW 99 Lane  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2016  
**Transaction ID : A0AA90E3C0BBA475C897**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. De Regt, Roberta, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10930 250th Ave Ne  
 City Redmond State WA Zip Code 98053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Washington, MFM Specialist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 28 / 2016  
**Transaction ID : A7196AEBD41CE41C09EB**  
 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).....▶	1233.34
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Murphy, Cary, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1906 Ne Bel Aire Dr  
 City Ankeny State IA Zip Code 50021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magella Medical Associates Midwest, P. Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ABBBDC01638A0495FABC**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**B. Brock, Brigit, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 NE 62nd Street  
 City Seattle State WA Zip Code 98115-6534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Washington, Occupation (for Individual) MFM Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A2817785EDE404580B73**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Walker, Martin, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7960 NE 170th Street  
 City Kenmore State WA Zip Code 98028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Washington, Occupation (for Individual) Practice Med Dir MFM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A77AF1DB2B4114DE6A16**  
 Amount of Each Receipt this Period 250.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... 337.50  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 102
	<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. Jekot, Jeffrey, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3804 Woodcutter's Way  
 City Austin State TX Zip Code 78746-1543  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Texas, Inc. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A43B01526A48248EAB6D**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Black, Jenna, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 Sea Manor Drive  
 City Surf City State NC Zip Code 28445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.84

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A8038B8E25DD3479AA65**  
 Amount of Each Receipt this Period 50.16  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

**C. Denenny, Bruce, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10 Winterberry Ct  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A5F39FA759AEA4706BBE**  
 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).....	350.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. O'Brien, Thomas, P, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 103 Ridgewood Rd

City Baltimore	State MD	Zip Code 21210
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix of Maryland, P.A.	Occupation (for Individual) Medical Director NICU
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1874.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A54BEC8A1C15448B3881**

Amount of Each Receipt this Period  
416.66

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

**B. Iafolla, Ayne, K, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14220 Cervantes Avenue

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix of Maryland, P.A.	Occupation (for Individual) Neonatologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A3D765EEFD7514CE8913**

Amount of Each Receipt this Period  
300.00

Memo Item  
Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**C. Brouhard, David, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1905 S Moorings Drive

City Wilmington	State NC	Zip Code 28405
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : ABD4B65A951224960BCB**

Amount of Each Receipt this Period  
75.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	791.66
<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 29 OF 102
<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. Consenstein, Larry, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 161 Xavier Circle  
 City Syracuse State NY Zip Code 13210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group Neonatology an Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AFC17D1A9512E4EC787D**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Aranda, Zenaida, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group Neonatology an Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AFC6281B0487F4DE38AE**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**C. Kiley, Robert, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Venison Creek Drive  
 City Monument State CO Zip Code 80132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Colorado, P Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AD0C5C7145D5F4D68A00**  
 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).....	260.00
<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 102
	<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. Doyle, James, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2137 Queens Road East  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A73B1184ED0EB4A249E4**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. McCulloch, Harlan, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17708 Mesa Range  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF9CFC7C525814D8BA0E**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Guffin, Shawn, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4017 Churchill Rd  
 City Charlotte State NC Zip Code 28211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A6F8D2362EEBF4FA4BEF**  
 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).....	400.00
<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 102
	<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. Franklin, Richard, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2207 Peninsula Ave  
 City Shelby State NC Zip Code 28150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A014F0006A14B4ED5AD1**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

**B. Thailer, Daniel, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7027 Summerhill Ridge Dr  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A357F43D801944EB5B33**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Balsler, Jeffrey, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1532 Westover Lane  
 City Chattanooga State TN Zip Code 37405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Tennessee Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7A7303BB36694676A73**  
 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).....▶	320.00
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Robinson, Cheryl, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 Wyatt Court  
 City Reno State NV Zip Code 89521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A9C3F0FC910BE471BB01**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Doise, Rebecca, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Pediatrix Emergent and Critical Care S Occupation (for Individual) Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE673E8B9987048E1832**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Broussard, Jeffrey, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1024 Gettysvue Drive  
 City Knoxville State TN Zip Code 37922  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Tennessee Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A1AF4A33B056847A0AED**  
 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).....	325.00
<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 33 OF 102
	<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. Clyne, Brittany, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2208 Hastings Dr  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A9745652C67814DC09F3**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Stowe, Barry, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2021 Coniston Place  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AA81E0E551C5B444181A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Clifton, Bobby, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 Montrose Dr  
 City Shelby State NC Zip Code 28150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : A54023951AD664C24B71**  
 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).....	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 34 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Peregrino, Manuel, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Westwind Drive  
 City Lemoyne State PA Zip Code 17043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Pennsylvania Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC0F57F06EB354691A25**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Salama, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16741 100 Norman Place  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC5F184EFA0B4E5184E**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Sykola, Raymond, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8418 Robbins Crescent Dr  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of the Southea Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A69814237F0F045E68D5**  
 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).....	400.00
<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 35 OF 102
	<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. Long, Charles, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Hermitage Court  
 Apt 3A  
 City Charlotte State NC Zip Code 28207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE9D7230F4E9442B38DD**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Camp, John, , , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1231 Jericho Lane  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ACED3662AEA6F4185A72**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Jaszewski, Paul, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19449 Peninsula Shores Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A40E208AFA6A74D66BB3**  
 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).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 102
	<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. Theruvath, Ilka, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6610 Pensford Lane  
 City Charlotte State NC Zip Code 28270  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A99232453B2F74339BA3**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Moseman, Sara, A, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1121 oleander lane Unit 330  
 City waxhaw State NC Zip Code 28173  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : A86FEB420A2D3467C93F**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Cheaney, Russell, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1411 Greenway Dr  
 City Shelby State NC Zip Code 28150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ABD09F69E4CC740A2916**  
 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).....	275.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 102
<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. Palank, Brian, J, , JRMD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Metropolitan Ave  
Unit 403

City Charlotte	State NC	Zip Code 28204
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of the Southea	Occupation (for Individual) Anesthesiologist Assoc
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A632A74A3490945B5821**

Amount of Each Receipt this Period  
150.00

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

**B. Holway, Brent, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5400 Stonestrow Court

City Charlotte	State NC	Zip Code 28226
-------------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of the Southea	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A4ACAA42DAA984E079BC**

Amount of Each Receipt this Period  
100.00

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

**C. Arredondo, Eddie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1827 Magliano Drive

City Boynton Beach	State FL	Zip Code 33436
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Sr Staff Auditor
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : ABC02FFE2AD0F4D67B4D**

Amount of Each Receipt this Period  
75.00

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Spence, Ana, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11865 E Carol Ave  
 Lot 6  
 City Scottsdale State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Phoenix, P. Occupation (for Individual) MFM Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A491886EC35474B47935**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**B. Gunawardene, Navajeeva, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10435 N 49th Place  
 City Paradise Valley State AZ Zip Code 85253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Phoenix, P. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A459AB83767E24870A4D**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Anderson, Jennifer, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Rancho Guadalupe Trail NW  
 City Albuquerque State NM Zip Code 87107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of New Mexico, Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A120F8E82282F48ACBEA**  
 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).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 102
	<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. Gilmore, Paul, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Springhill Farm Court  
 City Hunt Valley State MD Zip Code 21030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Maryland Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ADD244751D92141ECB4E**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Lang, Michael, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10422 E Windrose Drive  
 City Scottsdale State AZ Zip Code 85259-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Phoenix, P. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A2E2539F9A9A3478DA3A**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Carr, Barbara, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14116 Fontana  
 City Leawood State KS Zip Code 66224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Kansas, P.A Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF068139433FD4301B5D**  
 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).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Altamirano, Nydia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10230 SW 133rd Court  
 City Miami State FL Zip Code 33186  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Office Based Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE62160B5280E4C2E897**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Atasoy, Erhan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4756 Sharpstone Lane  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE6A44470E00D42E6863**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Treadway, Robert, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3100 Briar Stream Run  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A2243517CEE784844891**  
 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).....	375.00
<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 41 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Scott, Whitney, , , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2020 Vinnings Place

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

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

Name of Employer (for Individual) American Anesthesiology of North Carol	Occupation (for Individual) Anesthesiologist Assoc
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A21C4F769BE184376949**

Amount of Each Receipt this Period  
100.00

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

**B. Abdou, Francis, J, , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3828 White Chapel Way

City Raleigh	State NC	Zip Code 27615
-----------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of North Carol	Occupation (for Individual) Medical Director Anesth
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A5794BE6D269F4CFABD8**

Amount of Each Receipt this Period  
200.00

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

**C. Sykes, Kassell, , , MD**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6705 Greywalls Lane

City Raleigh	State NC	Zip Code 27614
-----------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of North Carol	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : ADCE65CE54E744910BF2**

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).....	400.00
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Alphin, Robert, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4028 John S Raboteau Wynd  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A426FFBA454754157860**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Royster, Robert, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 Eden Croft Drive 569  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4561276F3A2B4F64901**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Corkey, William, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1413 Dogwood Lane  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7D49916CF1304039B9F**  
 Amount of Each Receipt this Period 170.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	420.00
<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 43 OF 102
<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. Brazionas, Aretas, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6450 Brookview Circle

City Reno	State NV	Zip Code 89519
--------------	-------------	-------------------

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

Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd.	Occupation (for Individual) Pediatric Intensivist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A870161C18CF1471FA64**

Amount of Each Receipt this Period  
75.00

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

**B. Pastorello, Michelle, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7333 Rietz Canyon Way

City Las Vegas	State NV	Zip Code 89131
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd.	Occupation (for Individual) Medical Director
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AFF108A0BA4104AF8B2D**

Amount of Each Receipt this Period  
45.00

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

**c. StrandSmart, Cynthia, E, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7490 Rough Rock Drive

City Reno	State NV	Zip Code 89502
--------------	-------------	-------------------

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

Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A3473A453EFA544549D8**

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).....	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 44 OF 102
	<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. Ramsay, Patricia, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2581 Luberon Drive  
 City Henderson State NV Zip Code 89044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7B5A03CF10DA4327901**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Yup, Gary, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Fireside Circle  
 City Reno State NV Zip Code 89509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE1D534E3FDDD408F81B**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Maxwell, Stefan, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5 Chatham Road  
 City Charleston State WV Zip Code 25304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.C. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE12F7CD9EF134E38BEE**  
 Amount of Each Receipt this Period 833.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1383.34
<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 102
<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. Rieker, Robert, P., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4420 Lake Boone Trail  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A27C159544BBC43EC820**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Taylor, B Keith, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Linden Avenue  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.C. Occupation (for Individual) Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A3CAA978BDD8C4CCCA2**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Wright, Lori, T., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2732 Deerfield Road  
 City Roanoke State VA Zip Code 24015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.C. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ACA4C322B5F3446299AA**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	337.50
<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 102
<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. Goldschmidt, Pascal, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Leonard M. Miller School of Medicine a Occupation (for Individual) Senior Vice President for Medical Affa  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 31 / 2016**  
**Transaction ID : A9E3A5469449A4CE0BEC**  
 Amount of Each Receipt this Period 1250.00  
 Memo Item  
 Payroll Deduction: \$1250.00/Bi-Monthly

**B. Katris, Mark, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3440 NE 15th Avenue  
 City Oakland Park State FL Zip Code 33334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr AviationChief Pilot  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1650.00

Date of Receipt **11 / 28 / 2016**  
**Transaction ID : A486FD838760D4F3CB35**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**C. Otero, Eduardo, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 SW 66 Street  
 City Miami State FL Zip Code 33143  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt **11 / 28 / 2016**  
**Transaction ID : AA0ABF658814E4F659F1**  
 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).....	1575.00
<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 47 OF 102
<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. Wallace, Michele, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10080 Nw 10th St  
 City Plantation State FL Zip Code 33322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Clinical SystemANES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A477076504B6F4134B97**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**B. Peck, Joshua, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1319 SW 5th Ave # 904  
 City Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AD4A4A9A081424538818**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Lawson, Garth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21560 Coronado Ave  
 City Boca Raton State FL Zip Code 33433  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir III Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A945492B49AA74BCEBB0**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	247.50
<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 102
<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. Montague, Melissa, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5415 Hickory Ann Drive  
 City Glen Allen State VA Zip Code 23059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A951769E7EB7048EC884**  
 Amount of Each Receipt this Period 285.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$95.00/Bi-Monthly

**B. Manno, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1257 Ginger Circle  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2878.70

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC0B0393CC24D4208BFF**  
 Amount of Each Receipt this Period 392.55  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$130.85/Bi-Monthly

**C. Williams, Mike, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12151 Old Sawmill Lane  
 City Ashland State VA Zip Code 23005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A080C1BEC6A6A41D8A10**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	977.55
<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 102
<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. Allen, Shannon, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10200 Waters Dr

City Irving	State TX	Zip Code 75063
----------------	-------------	-------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir IS Clinic Systems
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1207.13

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AC92F37337F0A423EB57**

Amount of Each Receipt this Period  
164.61

Memo Item  
Payroll Deduction Payroll Deduction: \$54.87/Bi-Monthly

**B. Rossi, Kasandra, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7603 NW 113th Avenue

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

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Sr Dir Fin RptgAsstTres
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A07D406C729414997BFF**

Amount of Each Receipt this Period  
75.00

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

**C. Hebert, Ronald, K, , JR**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 817 SW 10th Street

City Fort Lauderdale	State FL	Zip Code 33315
-------------------------	-------------	-------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) VP Marketing
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
916.74

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AAD4AEF8634884568A37**

Amount of Each Receipt this Period  
125.01

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	364.62
<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 102
<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. Houy, Jean, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7552 N Shores Dr  
 City Navarre State FL Zip Code 32566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A6100C91FEC174F0ABB3**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**B. Clark, Reese, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16362 Malibu Drive  
 City Weston State FL Zip Code 33326-3403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP & CoDirector of CREQ  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3600.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A43DD169312ED409D901**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Wilson, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 South Ocean Drive Blv  
 City Fort Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF462B10FB78C4DC9A63**  
 Amount of Each Receipt this Period 375.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	620.00
<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 51 OF 102
<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. Romagnoli, Louis, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7730 Hanahan Place  
 City Lake Worth State FL Zip Code 33467  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AA26037DE657F49D0840**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Proia, Jeanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4441 NE 30th Terr  
 City Lighthouse Pt State FL Zip Code 33064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AAC55C728FA0F4F94AD6**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Benoit, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13830 SW 33rd Court  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Office Based Ops  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A47A31D405CF14C799C6**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	360.00
<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 52 OF 102
<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. Pepia, John, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20160 Ocean Key Dr  
 City Boca Raton State FL Zip Code 33498  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) SVP & Chief Acctg Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ADB02E36ADF55468EBE3**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**B. Ames, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1299 Walnut Terrace  
 City Boca Raton State FL Zip Code 33486  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir MSO Strat Project  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A11E927D775384E7AAE9**  
 Amount of Each Receipt this Period 187.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**C. Collins, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10468 Laurel Road  
 City Davie State FL Zip Code 33328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) SVP Business Development  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 10 / 31 / 2016  
**Transaction ID : AD8BD21EC07A34D42B14**  
 Amount of Each Receipt this Period 500.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1487.50  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Meyer, Elizabeth, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8506 Conover Place  
 City Alexandria State VA Zip Code 22308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AB5580AC731BF4156BDA**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**B. Rosenberg, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7366 NW 108th Way  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Training & Dev't  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A339237B57CDB4BA4B99**  
 Amount of Each Receipt this Period 90.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**C. Cox, Frances, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 Rosemary Hollow  
 City Buda State TX Zip Code 78610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Reg Mgr HS  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AACCFCE9A4EF644E5A09**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	202.50
<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 102
	<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. Carner, Cay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 Vickers  
 City Plano State TX Zip Code 75075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AEB2E5D54334541E6BA8**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Aguiar, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4050 Sw 140 Ave  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Customer Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.48

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A64F55305B7044174B1D**  
 Amount of Each Receipt this Period 142.02  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$47.34/Bi-Monthly

**C. Bunker, Noah, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hedge Lane  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7284E06F184542CFA38**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	267.02
<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 102
	<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. Gang, Barclay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 757 NE 74 St  
 Apt 2801  
 City Miami State FL Zip Code 33138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Staff Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1916.74

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7DAC0E3937D944EC83A**  
 Amount of Each Receipt this Period 125.01  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

**B. Fair, Claire, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3353 Emerald Oaks Drive 102  
 # 102  
 City Hollywood State FL Zip Code 33021  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AB8AFE94AFF5F486480A**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Silvestri, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2681 N Flamingo Road 2104  
 Apt 2104  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Project PMO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ABD66C8AFF5EA406A89B**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	787.50
<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 102
<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. Twiggs, Gary, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10230 Sweet Bay Court  
 Apt 1114  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) COO Eastern Division  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4CE6C627045F41BAAA0**  
 Amount of Each Receipt this Period 833.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**B. Manning, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 430 NE 8th Avenue  
 City Ft Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4CCB03B14E2149A0B32**  
 Amount of Each Receipt this Period 135.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

**C. Patz, Darren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 253 NE 99th Street  
 City Miami Shores State FL Zip Code 33138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC4669C05F7854BE6A0F**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1593.33
<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 57 OF 102
	<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. Leamy, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 Sheep Creek Rd  
 City Bedford State VA Zip Code 24523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A3C5F12356D4D4AD9BCD**  
 Amount of Each Receipt this Period 187.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**B. Yandle, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11918 First Branch Ct  
 City Chesterfield State VA Zip Code 23838  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A010DDAD7A6964AA4816**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Gilbert, Richard, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1001 Coconut Drive Apt 104  
 City Ft Lauderdale State FL Zip Code 33315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Chief Med Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ADBE8602E9C3944E8927**  
 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).....	482.50
<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 102
	<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. Bryant, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12717 W Sunrise Blvd  
 256  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) SVP & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A2C096E642B8241F89AC**  
 Amount of Each Receipt this Period 833.32  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.66/Bi-Monthly

**B. Poole, Arnold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12149 Huske Road  
 City Stony Creek State VA Zip Code 23882  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A054AAA4AEC426461C810**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Jenkins, Peggy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9432 Green Terrace Drive  
 City Dallas State TX Zip Code 75220  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Hr Generalist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AD6D19EFECFD14E168CA**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1518.31
<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 59 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Alvarez, Kenny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20351 Sw 1st St  
 City State Zip Code  
 Pembroke Pines FL 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Supv Help Desk  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 660.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : ADD1955AB77D944499F9**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

**B. Stones, Julia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6541 Ne 20 Terrace  
 City State Zip Code  
 Ft Lauderdale FL 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1870.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A7A696A2403BE4352A6D**  
 Amount of Each Receipt this Period  
 255.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

**C. Zugarramurdi, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10854 SW 88th Street Apt 418  
 City State Zip Code  
 Miami FL 33176  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Mgr Insurance Program  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼  
 330.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A78D9EAFD27DB4171959**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	390.00
<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 102
	<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. O'Hara, Kathleen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A0B3E235807004E2680B**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Lacaze, Tony, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4342 Indian Creek Ln  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A9A067890396C429C907**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Frisch, Simon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3816 W Hibiscus Street  
 City Weston State FL Zip Code 33332  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir III Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AAF0CB067A8CE4DE58F1**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1074.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 102
	<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. Del Toro, Jorge, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3020 NW 125th Avenue  
 Unit 317  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Clin EdMD Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3527.37

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A33C42F1F62C7498B932**  
 Amount of Each Receipt this Period 641.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$320.67/Bi-Monthly

**B. Devine, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 Needham Court  
 City Delray Beach State FL Zip Code 33445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4F909B2FF37949A0B6A**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**C. Parry, Dawn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1032 Stradshire Drive  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Expansion  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A33FEB0DFE3274DF3B3F**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1341.33
<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 62 OF 102
	<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. Campbell, Andrew Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 Westridge Circle  
 City Anaheim State CA Zip Code 92807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Reg Dir Patient Accts  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A1C36A423DF9141AF91E**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**B. Muller, Thys, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3876 Heron Ridge Ln  
 City Weston State FL Zip Code 33331  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AB9939D7EE6594163BC3**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Kaspar, Debra, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11404 Fieldstone Lane  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2933.28

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AEF45F90A972A4E3C867**  
 Amount of Each Receipt this Period 437.49  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$145.83/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	692.49
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Osborne, Carey, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4095 NW 24th Avenue  
 City Boca Raton State FL Zip Code 33431  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Clinical Staffing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7F440C09CD0B4F60BA8**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**B. Mason, Eric, W, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Las Olas Way Apt 3005  
 City Ft Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A2B110202311F44FBB53**  
 Amount of Each Receipt this Period 833.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**C. Hawk, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1542 SE 13th Street  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Div COO  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4812.57

Date of Receipt 11 / 15 / 2016  
**Transaction ID : AA1866F75BBB644AC9F2**  
 Amount of Each Receipt this Period 458.34  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$229.17/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 1471.68  
**TOTAL** This Period (last page this line number only).....▶



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 102
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Lim, Beverly Gail, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 201 NE 4th Street  
 City Boca Raton State FL Zip Code 33432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Expansion  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : ADAC9B603B29D41C6BF**  
 Amount of Each Receipt this Period 800.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

**B. HeathPowell, Rita, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Robin Hill Lane  
 City Carrollton State TX Zip Code 75007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Analyst Financial  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AACDD77359984418D8ED**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**C. Gonzalez, Mario, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 48  
 City Tallahassee State FL Zip Code 32302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Div VP Managed Care  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4F35EDB7C89B4E21821**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	987.50
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Sanchez, Idelsi, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3941 SW 186th Way  
 City Miramar State FL Zip Code 33029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1058.37

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AE515C6022A7A44B5930**  
 Amount of Each Receipt this Period 138.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$46.00/Bi-Monthly

**B. Uttley, Randall, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 W Georgia Ave Apt 1091  
 City Phoenix State AZ Zip Code 85013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7ED45C7581BD486791A**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

**C. Aaron, Amy, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 Bluff Springs Rd  
 City Ft Worth State TX Zip Code 76108  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4C1507F56CA74C3FB6B**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	258.00
<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 66 OF 102
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Davis, Margaret, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 Park Drive  
 City Vermilion State OH Zip Code 44089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Ohio Corp. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A20CDD169010343358AC**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Chelen, Carl, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 704 Prince Alston Cove  
 City Florence State SC Zip Code 29501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of South Carol Medical Director PICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AADE94E25F8FE413CA1B**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Cox, J Thomas, Thomas, , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2488 W Keswick Road  
 City Florence State SC Zip Code 29501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of South Carol Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AFB57B4877D954208BEB**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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 102
<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. Cole, Cameron, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8239 New Cut Rd

City Campo Bello	State SC	Zip Code 29322
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of South Carol	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A1C499B3677584B6C8F5**

Amount of Each Receipt this Period  
250.00

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

**B. Sharp, Cecil, G, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2221 Spring Water Drive

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Georgia, P.	Occupation (for Individual) Corp Med Dir NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
495.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AC5EBDB3545D34A7EA35**

Amount of Each Receipt this Period  
90.00

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

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

Mailing Address 619 Brae Burn Drive

City Martinez	State GA	Zip Code 30907
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Georgia, P.	Occupation (for Individual) Medical Director Hosp
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A996B47976DE24DDC8B8**

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).....	440.00
<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 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Cobb, Bridget, A, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6883 Blantyre Blvd

City Stone Mountain	State GA	Zip Code 30087
------------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Georgia, P.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10		31		2016

**Transaction ID : A479EB1B67F024D2DB00**

Amount of Each Receipt this Period  
25.00

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

**B. Coates, Eric, W, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 134 Pine Point Drive

City Lexington	State SC	Zip Code 29072
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of South Carol	Occupation (for Individual) Unit Medical Dir NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2016

**Transaction ID : A04C79AD318434C139AD**

Amount of Each Receipt this Period  
50.00

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

**C. Iskersky, Victor, N, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 305 Club Colony Cir

City Blythewood	State SC	Zip Code 29016
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of South Carol	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2291.63

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		28		2016

**Transaction ID : A7A6BE218DC004950ACD**

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).....	491.66
<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 69 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Liberto, Jacquelyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2543 Jardin Terrace  
 City Weston State FL Zip Code 33327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Portfolio Strat & Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7CB8F496E9BB4D6CB6C**  
 Amount of Each Receipt this Period 187.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

**B. Grossmann, Samuel, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2544.08

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF5EB458B6FC340DB892**  
 Amount of Each Receipt this Period 346.92  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$115.64/Bi-Monthly

**C. Stubbs, Milissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 NE 48th Court  
 City Lighthouse Point State FL Zip Code 33064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Portfolio Strat & Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF571EBBC931C4800A78**  
 Amount of Each Receipt this Period 312.51  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$104.17/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	846.93
<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 102
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Granberry, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 NW 120th Drive  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Org Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A558FB166DBD743C0BC9**  
 Amount of Each Receipt this Period 180.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

**B. Davis, Bryan, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 245 Michigan Ave GL1  
 City Miami Beach State FL Zip Code 33139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2016  
**Transaction ID : AE9E2A7E9632E484C9A9**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Henry, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A40D7AA1356D64318A4C**  
 Amount of Each Receipt this Period 125.01  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	355.01
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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. Gambardella, Josephine, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1014 Priory Place

City McLean	State VA	Zip Code 22101
----------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of Virginia, P	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A785B48637E8E4AAD8DE**

Amount of Each Receipt this Period  
200.00

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

**B. Biela, Timothy, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Devon Wood

City San Antonio	State TX	Zip Code 78257
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
990.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A23F07FB3A87446089BD**

Amount of Each Receipt this Period  
135.00

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

**C. Wearden, Mary, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22535 Lynridge

City San Antonio	State TX	Zip Code 78258
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4400.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A83BF13E6F1984C1D820**

Amount of Each Receipt this Period  
600.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	935.00
<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 72 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Tabor, Bannie Lee, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 Still Meadow Drive  
 City Ft Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Medical Director MFM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AAD8471DB24C2464D91C**  
 Amount of Each Receipt this Period 400.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**B. Powers, George, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Sequoia Drive  
 City San Antonio State TX Zip Code 78232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A29A655D6CA9C4D8D887**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Schwendeman, Clair, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A4149343BE8A64876A01**  
 Amount of Each Receipt this Period 300.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<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 73 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Catland, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12819 Gypsophila  
 City San Antonio State TX Zip Code 78253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AB8FD2994970D4302AFD**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**B. Kenton, Alexander, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 W Lynwood Ave  
 City San Antonio State TX Zip Code 78212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A1311BC8DB8FD429CBEB**  
 Amount of Each Receipt this Period 600.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

**C. Pierce, Maria, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 33 W Elm Circle  
 City San Antonio State TX Zip Code 78230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A78A4A63B6A1D44C7813**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1284.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 102
	<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. Sidebottom, Richard, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 Byron Nelson Pkwy  
 City Southlake State TX Zip Code 76092  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A96A4C90DD27D4CE5946**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**B. Lejsek, M'Ral, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10711 Mystic Cove  
 City Magnolia State TX Zip Code 77354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A7B7A374A155847EBA68**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**C. Dotzler, Susan, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 Ashbury Bay  
 City San Antonio State TX Zip Code 78258  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A741AB0D4AAE5403EBBA**  
 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).....	437.50
<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 102
<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. Vijayamadhavan, Vivek, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 127 Candelaria  
 City Helotes State TX Zip Code 78023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AAA278EB79B3E45EFB11**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**B. Egalka, Matthew, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18110 Branson Falls # 12511  
 City San Antonio State TX Zip Code 78255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A254F12D12FDE4773900**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**C. Ahmad, Kaashif, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11814 Elmscourt  
 City San Antonio State TX Zip Code 78230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A061DD2496AE845BD894**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	172.50
<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 102
<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. Ramos, Susanne, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5603 Timberbark

City San Antonio	State TX	Zip Code 78250
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) NNP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AC6C9302C31C947F1AB7**

Amount of Each Receipt this Period  
37.50

Memo Item  
Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**B. McDuffie, Cheryl, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 319 Odessa Rd

City Magnolia	State TX	Zip Code 77354
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Family Nurse Pract
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : ADCC935F998BC46F2B42**

Amount of Each Receipt this Period  
37.50

Memo Item  
Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

**C. Nama, Vijay, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3101 Kennison Court

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Corp Med Dir NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4576.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A6C8E382BD285424AA56**

Amount of Each Receipt this Period  
832.00

Memo Item  
Payroll Deduction Payroll Deduction: \$416.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	907.00
<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 77 OF 102
<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. Tisdell, Scott, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Crownhill DR

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A9DF9806615D14827A77**

Amount of Each Receipt this Period  
454.54

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

**B. Battista, Michael, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11 Orsinger Hill

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2016

**Transaction ID : A6A9C28E6A5A431BB61**

Amount of Each Receipt this Period  
250.00

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

**C. Breed, David, R, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1310 S College St

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A629ABB85C3134A55BD5**

Amount of Each Receipt this Period  
300.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1004.54
<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 102
<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. Henderson, Cody, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8 Ranch Terrace  
 City Fair Oaks State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A1565A73F97E74FF7A0C**  
 Amount of Each Receipt this Period 225.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

**B. Haney, Peter, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Chimney Rock  
 City Houston State TX Zip Code 77024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AB65A25772639481CBF4**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**C. Steiner, Craig, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4709 Camargo Court  
 City College Station State TX Zip Code 77845-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A445D06A4CB694ED78BC**  
 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).....	641.66
<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 79 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Case, Denise, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3585 S US Highway 281

City Mineral Wells	State TX	Zip Code 76067
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) NNP
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : AC2D4280881EA458AB69**

Amount of Each Receipt this Period  
37.50

Memo Item  
Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

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

Mailing Address 15814 Seekers St

City San Antonio	State TX	Zip Code 78255
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : A2C59FE9A15594532BA7**

Amount of Each Receipt this Period  
150.00

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

**C. Caplan, William, D, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7207 Edloe

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Medical Director NICU
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : AEE09C35077FD4CEE8FD**

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).....	587.50
<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 102
<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. GarzaCox, Sanjuanita, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC313259200014F40ADD**  
 Amount of Each Receipt this Period 624.99  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

**B. Cook, Elizabeth, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7736 Norwich Road  
 City Powell State TN Zip Code 37849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A6F8A905940264DFFA87**  
 Amount of Each Receipt this Period 120.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$40.00/Bi-Monthly

**C. Dyer, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 Scrapeshin Trail Apt 107  
 City Chattanooga State TN Zip Code 37421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A5399BECB1AD440A5B37**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	804.99
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 102
	<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. Powers, Pius, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 146 W Park Dr  
 Suite 9B  
 City Kingsport State TN Zip Code 37660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AC0F46388ADE74267B81**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Vo, Cong, T, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Hennessy Dr  
 City Lafayette State LA Zip Code 70508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Louisiana, Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : A62930F6F9E7B43A89E9**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Jenkins, Martin, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9130 Anderton Springs Cove  
 City Memphis State TN Zip Code 38133-0900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 28 / 2016  
**Transaction ID : AE714A0C1D528438A998**  
 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).....	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 82 OF 102
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<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. Roberts, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4974 Akron Street  
 Unit 301  
 City Denver State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC66FC7ACDFAB4A228C1**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

**B. Paranka, Michael, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10126 Summit View Pt  
 City Highland Ranch State CO Zip Code 80126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC20CCF6629A145C6B19**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. Zimmerman, Karen, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1799 S Lee Street  
 Unit B  
 City Lakewood State CO Zip Code 80232  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) Perinatal Nurse Practionr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC6B2A285ED234741A4E**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional)..... 335.00  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 102
	<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. Toney, Joe, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5459 S Krameria St

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

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

Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A22D7B5BB377240D1B7A**

Amount of Each Receipt this Period  
400.00

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

**B. Bell, Valerie, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2973 Cheroakwood Lane

City Rockford	State IL	Zip Code 61114
------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Illinois, P	Occupation (for Individual) Medical Director Ped Hosp
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AA7A6A8E2DE3243D68C4**

Amount of Each Receipt this Period  
150.00

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

**C. Lawrence, Stewart, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2555 E Plateau Drive

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

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

Name of Employer (for Individual) Mountain States Neonatology, Inc.	Occupation (for Individual) Neonatologist
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AB7EB39F6F4A84BC6AB3**

Amount of Each Receipt this Period  
187.50

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	737.50
<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 84 OF 102
	<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. Paris, Glen, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Rolling Hill Drive  
 City Chatham State NJ Zip Code 07928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Summit Anesthesia PA Occupation (for Individual) Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A0688434366C34D7AA1C**  
 Amount of Each Receipt this Period 166.66  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

**B. Vu, Dinh, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3307 Mendenaro Court  
 City Fallbrook State CA Zip Code 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magella Medical Group, Inc. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AC23E8E6D60D04209BB4**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Wimmer JR, John, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 South Mendenhall Street  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of North Carol Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A574FDF8359484593872**  
 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).....	291.66
<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 85 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Perez, Carlos, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)  
Pediatrix Medical Group, S.P. Regional President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **4583.37**

Date of Receipt **11 / 28 / 2016**

**Transaction ID : AF3427842329843958EB**

Amount of Each Receipt this Period **833.34**

Memo Item  
Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

**B. Fernandez, Miguel, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 (for Individual) Occupation (for Individual)  
Mednax, Inc. Director, Mednax, Inc. Board O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **10 / 31 / 2016**

**Transaction ID : A51A0840A7BBD4174853**

Amount of Each Receipt this Period **2500.00**

Memo Item  
Payroll Deduction: \$2500.00/Bi-Monthly

**C. PerezDiaz, Jose, A, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Cond Pine Grove Apt 44a

City Carolina State PR Zip Code 00979

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

Name of Employer (for Individual) Occupation (for Individual)  
Pediatrix Medical Group, S.P. Dir Operations

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 28 / 2016**

**Transaction ID : A47A1F8A024014A659B2**

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>3533.34</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 86 OF 102
<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. Zuerlein, Terrance, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21 Fontenay Circle  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Arkansas, P Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2016  
**Transaction ID : A520C92928A784A24A59**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

**B. Clifton, Charles, L, , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 Bancroft Valley  
 City Johns Creek State GA Zip Code 30022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of Georgia, LL Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2016  
**Transaction ID : ADCC58802CE494DBEB12**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

**C. Bank, Ronald, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1642 White Pine Drive  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 28 / 2016  
**Transaction ID : AB23BB00D4D384C7B89B**  
 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).....	450.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 102
<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. Lussos, Steven, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12701 Megill's Landing Lane  
 City Clifton State VA Zip Code 20124  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AB299A389AC624BE3A06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Wu, Peter, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 Symphony Circle SW  
 City Vienna State VA Zip Code 22180  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A7E8D3BDA66034826B93**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

**C. McConnell, Brian, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P O Box 354  
 City Great Falls State VA Zip Code 22066  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A9DE36294CD1A417493D**  
 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).....	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 88 OF 102
<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. Choi, Elmer, K, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 407 Park Street SE

City Vienna	State VA	Zip Code 22180-5806
----------------	-------------	------------------------

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

Name of Employer (for Individual) American Anesthesiology of Virginia, P	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : ADD0534CA6EF747BAA07**

Amount of Each Receipt this Period  
50.00

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

**B. Engels, Emil, D, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3127 Windsong Dr

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

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

Name of Employer (for Individual) American Anesthesiology of Virginia, P	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : AAB600E54FFC44EEAB7A**

Amount of Each Receipt this Period  
200.00

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

**C. Iaconetti, Dominick, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 386 Nichols Run Ct

City Great Falls	State VA	Zip Code 22066-3047
---------------------	-------------	------------------------

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

Name of Employer (for Individual) American Anesthesiology of Virginia, P	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
916.63

Date of Receipt  

M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

**Transaction ID : A9F5D8F3CFB714CD2B99**

Amount of Each Receipt this Period  
166.66

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	416.66
<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 89 OF 102
<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. Yarnall, David, C., MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12519 Nathaniel Oaks Dr

City Oak Hill	State VA	Zip Code 20171
------------------	-------------	-------------------

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

Name of Employer (for Individual) American Anesthesiology of Virginia, P	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : A93310E1B326B450B93B**

Amount of Each Receipt this Period  
100.00

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

**B. Saunders, Carla, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12932 Pine Meadows Lane

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Tennessee,	Occupation (for Individual) NNP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : AB5881E5ABD0D4F49866**

Amount of Each Receipt this Period  
30.00

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

**C. Beaumont, Lane, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1930 Hickory Place

City Monteagle	State TN	Zip Code 37356
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Tennessee,	Occupation (for Individual) NNP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		28		2016

**Transaction ID : AAE3B4357AAFE4A4D980**

Amount of Each Receipt this Period  
30.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<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 90 OF 102
<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. Kovalsky, Stacey, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10221 Sweet Bay Court # 1609  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Corp Communications  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A310363C279B3463EAC5**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**B. Bowden, Kimberly, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1220 SE 3rd Avenue  
 City Pompano Beach State FL Zip Code 33060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Accounting Project  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A3E4832BBDA0B4D4EBDA**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**C. Handler, Darren, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 520 Water Pt  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Data Warehousing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AF580503AF4F5464797D**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<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 91 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Jimenez, Jill, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 SW 32nd Street  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A53A35F56B0BB4497A44**  
 Amount of Each Receipt this Period 37.50  
 Memo Item  
 Payroll Deduction: \$12.50/Bi-Monthly

**B. Thomas, Janice, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 Southwest 87th Avenue Unit 913  
 City Davie State FL Zip Code 33328  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AA0FAF462AAD74128B57**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**C. Bowers, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 Remington Dr  
 City Alexandria State VA Zip Code 22309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.C. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AA08637403C5C45CB987**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.50
<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 92 OF 102
	<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. Fincher, Jill, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4690 Los Rancheros Ave  
 City Las Vegas State NV Zip Code 89129  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A08144FA6220A4D598B1**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**B. Ross, Gerald, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 205 Mill Valley Run  
 City Lafayette State LA Zip Code 70508  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Emergent and Critical Care S Occupation (for Individual) Medical Director PICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AEF625B3D8664460C8D3**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**C. Hall, Gregory, G, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 957 greenhowe Dr  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A43FA0636A0F34497BF4**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction: \$10.00/Bi-Monthly

**SUBTOTAL** of Receipts This Page (optional).....▶ 90.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 102
<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. Starling, Paul, B, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 125 Edgewater Lane

City Wilmington	State NC	Zip Code 28403
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A9B4A207CE5D14CC0A04**

Amount of Each Receipt this Period  
30.00

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

**B. Shakar, Robert, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 933 Rabbit Run Rd

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

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Medical Director Anesth
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AA336E2BCFE8D44B3838**

Amount of Each Receipt this Period  
30.00

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

**C. Peterson, Cobern, V, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3205 Grey Leaf Dr

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

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AC4722224167A4FCB8FB**

Amount of Each Receipt this Period  
30.00

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90.00
<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 94 OF 102
<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. Chipley, Paul, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 N Channel Drive

City Wrightsville Beach	State NC	Zip Code 28480
----------------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : A955C1CA1EC994ACFB83**

Amount of Each Receipt this Period  
30.00

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

**B. Jennings, Terese, L, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8043 19th Ave Nw

City Seattle	State WA	Zip Code 98117
-----------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Washington,	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : AE95E008573B24013819**

Amount of Each Receipt this Period  
40.00

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

**C. Bhagat, Anilchandra, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 Jessica Court

City Tabernacle	State NJ	Zip Code 08088
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Burlington Anesthesia Associates, P.A.	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : A1F05E4EB38334909A4E**

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).....	120.00
<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 95 OF 102
<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. Amos, Barry, D, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 852 Gull Point Road

City Wilmington	State NC	Zip Code 28405
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Southeast Anesthesiology Consultants,	Occupation (for Individual) Anesthesiologist
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A27275A392D0342CA912**

Amount of Each Receipt this Period  
30.00

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

**B. Rabenstein, Eric, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 15007 Cancun Place

City Tampa	State FL	Zip Code 33618
---------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Florida, In	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AB09C7C5FB3C44CD3847**

Amount of Each Receipt this Period  
50.00

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

**C. Kramer, Wayne, B, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6012 Poindexter Lane

City Rockville	State MD	Zip Code 20852
-------------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of the Mid-Atl	Occupation (for Individual) Corp Med Dir
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AF4D50F40E39D48DC9D5**

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).....	120.00
<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 96 OF 102
	<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. Clifton, Bobby, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 Montrose Dr  
 City Shelby State NC Zip Code 28150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : AD9F8378143004978983**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**B. Chambers, Carroll, L, , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3117 Cutchin Dr  
 City Charlotte State NC Zip Code 28210-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A4534EF5063C7462CA5C**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

**C. Abolafia, Lori, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1860 NW 108th Avenue  
 City Plantation State FL Zip Code 33322  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Clinical Recruiter  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 28 / 2016  
**Transaction ID : A9A5D335CA01A43269DB**  
 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).....	190.00
<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 97 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Hawk, William, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1542 SE 13th Street

City Ft Lauderdale	State FL	Zip Code 33316
-----------------------	-------------	-------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Div COO
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AB389924201A4405EA48**

Amount of Each Receipt this Period  
187.43

Memo Item  
Payroll Deduction Payroll Deduction: \$187.43/Bi-Monthly

**B. Spitzmiller, R, E, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 Wisteria Dr

City Dayton	State OH	Zip Code 45419
----------------	-------------	-------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Ohio Corp.	Occupation (for Individual) Neonatologist
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : AB211776FF97A456AA4A**

Amount of Each Receipt this Period  
40.00

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

**C. Patt, Hanoch, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3005 Scenic Drive

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

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

Name of Employer (for Individual) Pediatrix Medical Services, Inc.	Occupation (for Individual) Corp Med Dir
---	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4166.70

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	28	/	2016

**Transaction ID : A39C60C0616574EA4AF3**

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).....	644.10
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 102
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Anderson, Thomas, , , MD

Mailing Address 6226 S Fairfax Court

City Centennial	State CO	Zip Code 80121
--------------------	-------------	-------------------

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

Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P	Occupation (for Individual) Medical Director Hosp
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11	/	28	/	2016

**Transaction ID : A135AB274DA6843A1AD6**

Amount of Each Receipt this Period  
40.00

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

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

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).....	40.00
<b>TOTAL</b> This Period (last page this line number only).....	52216.58

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

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

FOR LINE NUMBER: PAGE 99 OF 102  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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. Mednax, Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 695.50

Date of Receipt 10 / 20 / 2016  
**Transaction ID : AF4390D60AEE24AD997E**  
 Amount of Each Receipt this Period 70.24  
 Memo Item  
 Reimbursement of September Bank Fees

**B. Mednax, Inc.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 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 (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 755.86

Date of Receipt 11 / 10 / 2016  
**Transaction ID : A380857A58AF84408A5A**  
 Amount of Each Receipt this Period 60.36  
 Memo Item  
 Reimbursement for October Bank Fees

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	130.60
<b>TOTAL</b> This Period (last page this line number only).....	130.60

# 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"/> 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

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

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

Full Name (Last, First, Middle Initial)

### A. 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
11			28			2016					

FEC Identification Number

**C** [ ]  
**Transaction ID : B01A8C48EB**  
 Amount of Each Disbursement this Period  
 [ ] 63.26

Memo Item

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
 Amount of Each Disbursement this Period  
 [ ]

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) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

**C** [ ]  
 Amount of Each Disbursement this Period  
 [ ]

Memo Item

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

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

63.26
63.26



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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

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. TEXANS FOR PETE**

Full Name (Last, First, Middle Initial)  
Mailing Address 10715 GULFDAL ST  
STE 235

City SAN ANTONIO State TX Zip Code 78216

Purpose of Disbursement  
Political Contribution - General 2016

Candidate Name  
**Gallego, Pete, , ,**

Office Sought:  House  Senate  President  
State: TX District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
10 / 25 / 2016

FEC Identification Number  
C C00575043  
**Transaction ID : B94B7FFAC2**

Amount of Each Disbursement this Period  
2000.00

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)

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C

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) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

**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"/> 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

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. The Pat McCrory Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 1235E East Boulevard  
Suite 179

City Charlotte State NC Zip Code 28203-5707

Purpose of Disbursement  
Political Contribution - General 2016

Candidate Name

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

State: District:

Date of Disbursement: 10 / 25 / 2016

FEC Identification Number: C  
Transaction ID : B6D5D98B85  
Amount of Each Disbursement this Period: 4000.00

Memo Item

**B. Floridians for Strong Leadership**

Full Name (Last, First, Middle Initial)

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606-2647

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: 10 / 27 / 2016

FEC Identification Number: C  
Transaction ID : B182C48A4A  
Amount of Each Disbursement this Period: 2500.00

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  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6500.00