

# 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 ▼** C00469205 **CITY ▲** **STATE ▲** **ZIP CODE ▲**

3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

(d) 30-Day **POST-Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on M M M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period 05 / 01 / 2015 through 05 / 31 / 2015

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

Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte *[Electronically Filed]* Date 06 / 09 / 2015

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		509102.96
(b) Cash on Hand at Beginning of Reporting Period.....	727323.44	
(c) Total Receipts (from Line 19) .....	68036.82	487385.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	795360.26	996488.47
7. Total Disbursements (from Line 31).....	9214.81	210343.02
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	786145.45	786145.45
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	64962.74	435107.62
(ii) Unitemized .....	3024.65	51624.27
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	67987.39	486731.89
(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) .....	67987.39	486731.89
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).....	49.43	653.62
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	68036.82	487385.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	68036.82	487385.51

**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 .....	39.81	693.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	39.81	693.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	122500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	-825.00	87150.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9214.81	210343.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9214.81	210343.02

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	67987.39	486731.89
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	67987.39	486731.89
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	39.81	693.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	49.43	653.62
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-9.62	39.40

**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 107
	<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. Francis J Abdou MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3828 White Chapel Way

City Raleigh	State NC	Zip Code 27615-1658
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of North Carol	Occupation Medical Director Anesth
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AA25C31DDF438472E966**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

**B. Sikander Adeni MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4200 Laguna Grande

City Austin	State TX	Zip Code 78734-1911
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **575.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AEE90969096CD4078AD9**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction

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

Mailing Address 4050 Sw 140 Ave

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

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

Name of Employer Mednax Services, Inc.	Occupation Dir Customer Service
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **351.01**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : A890BECA2EE024935BBA**

Amount of Each Receipt this Period  
**39.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>264.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John M Aguiar</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A485BB49C26CA497B934</b>
Mailing Address 4050 Sw 140 Ave		Amount of Each Receipt this Period 390.00
City Davie	State FL	Zip Code 33330-5717
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Dir Customer Service
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.01	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Shannon S Allen</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : A5C6E971B9F3840CF924</b>
Mailing Address 10200 Waters Dr		Amount of Each Receipt this Period 53.27
City Irving	State TX	Zip Code 75063-5352
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir IS Clinic Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 479.43	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Shannon S Allen</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AB31DBC49714041739A3</b>
Mailing Address 10200 Waters Dr		Amount of Each Receipt this Period 53.27
City Irving	State TX	Zip Code 75063-5352
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir IS Clinic Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 532.70	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.54
<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: PAGE 8 OF 107  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 4028 John S Raboteau Wynd

City Raleigh State NC Zip Code 27612-5329

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : ACC403404594A4DC7824**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Cesar Alvarez**

Mailing Address 1221 Brickell Ave

City Miami State FL Zip Code 33131-3224

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

Name of Employer Mednax, Inc. Occupation Chairman, Mednax, Inc. Board O

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 21 / 2015**  
**Transaction ID : A118AB3EFD15D4A64A5C**

Amount of Each Receipt this Period **5000.00**

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

Mailing Address 1299 Walnut Terrace

City Boca Raton State FL Zip Code 33486-5566

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

Name of Employer Mednax Services, Inc. Occupation Dir Bus Dev Internal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt **05 / 15 / 2015**  
**Transaction ID : ACFE35221C20042AD9E3**

Amount of Each Receipt this Period **62.50**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **5162.50**

**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 9 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Michael Ames**

Mailing Address 1299 Walnut Terrace

City State Zip Code  
Boca Raton FL 33486-5566

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Bus Dev Internal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A955EA7B65FD649ACB63**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City State Zip Code  
Albuquerque NM 87107-6529

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

Name of Employer Occupation  
Pediatrix Medical Group of New Mexico, Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : AE098AFCECCDA46DEADI**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Dominic J Andreano**

Mailing Address 6803 Lost Garden Ter

City State Zip Code  
Parkland FL 33076-3952

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

Name of Employer Occupation  
Mednax Services, Inc. SVP and Gen'l Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : AC5485116B4CF4B25A79**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 387.50

**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 10 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dominic J Andreano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 Lost Garden Ter  
 City Parkland State FL Zip Code 33076-3952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A6E8398B7DC714E9FBA6**  
 Amount of Each Receipt this Period **250.00**  
 Payroll Deduction

**B. Pratibha Ankola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Sprain Valley Rd # B12  
 City Scarsdale State NY Zip Code 10583-3105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group Neonatology an Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A3C1F124C79BA44D48D7**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction

**C. Travis Ansley DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Crooked Stick Dr  
 City Rock Hill State SC Zip Code 29730-7056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A5AF806EC79B84C38ABE**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**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 11 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5722 Moccasin Run

City Rockford State IL Zip Code 61109-6104

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

Name of Employer Occupation  
Pediatrix Medical Group of Illinois, P Corporate Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A30AFA3B82C064808A04**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Eddie Arredondo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 Magliano Drive

City Boynton Beach State FL Zip Code 33436-1109

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

Name of Employer Occupation  
Mednax Services, Inc. Sr Staff Auditor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : A3FDDBA7A6E81044DEA89**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C. Eddie Arredondo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 Magliano Drive

City Boynton Beach State FL Zip Code 33436-1109

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

Name of Employer Occupation  
Mednax Services, Inc. Sr Staff Auditor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A5739E67B52F044FD89F**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<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 12 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer F Arriza</b>		Date of Receipt
Mailing Address 601 nw 80th ave Apartment 104		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Margate	State FL	Zip Code 33063-4161
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A1E5637DD5A394005833</b>
Name of Employer Mednax Services, Inc.	Occupation VP Applications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="350.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Jennifer F Arriza</b>		Date of Receipt
Mailing Address 601 nw 80th ave Apartment 104		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Margate	State FL	Zip Code 33063-4161
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4AAC93DDEA4843D7A65</b>
Name of Employer Mednax Services, Inc.	Occupation VP Applications	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="400.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Ronda K Ash</b>		Date of Receipt
Mailing Address 3927 Lawson Blvd		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Delray Beach	State FL	Zip Code 33445-5650
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2BBAF5E6509E44D08CB</b>
Name of Employer American Anesthesiology, Inc.	Occupation Dir CodingANES	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="113.26"/>
	<input type="text" value="1018.84"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="213.26"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445-5650

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

Name of Employer American Anesthesiology, Inc. Occupation Dir CodingANES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1132.10

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : AE31790BD489E44A2A2F**

Amount of Each Receipt this Period  
 113.26

Payroll Deduction

**B. Erhan Atasoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4756 Sharpstone Lane

City Raleigh State NC Zip Code 27615-1680

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A178AB2FE7B13453A82A**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**C. Christine N Aune MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 15814 Seekers St

City San Antonio State TX Zip Code 78255-3303

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : A16CFFC77CFC04923BF7**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	213.26
<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 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Christine N Aune MD**

Mailing Address 15814 Seekers St

City San Antonio State TX Zip Code 78255-3303

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A6C92C936C3DC428E910**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Ronald S Bank MD**

Mailing Address 1642 White Pine Drive

City Vienna State VA Zip Code 22182-1963

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : AB9AC90CC3FAE431C8C3**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. John L Bankston MD**

Mailing Address 111 Pembroke Dr

City Palm Beach Gardens State FL Zip Code 33418-4611

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A2C3986FB06474DC69F7**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409-0504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : A06A36D61183B4A9D86E**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**B. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City Wilmington State NC Zip Code 28409-0504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A4D12C11E43484234A90**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**C. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City San Antonio State TX Zip Code 78230-1500  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2250.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : AFD2D96B0E6AB4A12BA7**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 300.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11 Orsinger Hill

City San Antonio State TX Zip Code 78230-1500

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **05 / 29 / 2015**

**Transaction ID : A282884B426BF4FA6BD3**

Amount of Each Receipt this Period: **250.00**

Payroll Deduction

**B. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Williams Road

City Wilmington State NC Zip Code 28409-4830

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **05 / 15 / 2015**

**Transaction ID : A220A60AC8F174EBEBA5**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

**C. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 159 Williams Road

City Wilmington State NC Zip Code 28409-4830

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **05 / 29 / 2015**

**Transaction ID : A27467E0A8F934D7490A**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rosaire J Belizaire MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 Grand Pointe Boulevard  
 City Lafayette State LA Zip Code 70508-7362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Louisiana, Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : AF53DC08DD55E43E6852**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction

**B. Valerie J Bell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2973 Cheroakwood Lane  
 City Rockford State IL Zip Code 61114-6247  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Illinois, P Med Dir Ped Hosp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A5CDECFE5B97541309AB**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll Deduction

**C. Jwalanaiah Bellur MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6521 NE 21 Way  
 City Ft Lauderdale State FL Zip Code 33308-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A7E564D8CB49847A3BED**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 275.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 107
	<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**

Full Name (Last, First, Middle Initial)  
**A. Arthur F Bergh MD**

Mailing Address 460 Lanternback Island Drive  
# 1508

City State Zip Code  
Satellite Beach FL 32937-4709

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : AFCB53C80AB9B454BB37**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Timothy Biela MD**

Mailing Address 8050 Colonial Woods

City State Zip Code  
Boerne TX 78015-4992

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
405.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2015

**Transaction ID : A0707191EF51E4912AEE**

Amount of Each Receipt this Period  
45.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Timothy Biela MD**

Mailing Address 8050 Colonial Woods

City State Zip Code  
Boerne TX 78015-4992

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2015

**Transaction ID : A062C3EC4A62C4BC9A56**

Amount of Each Receipt this Period  
45.00

Payroll Deduction

<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 19 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Albert V Brawley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Brae Burn Drive  
 City State Zip Code  
 Martinez GA 30907-9130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Georgia, P. Medical Director Hosp  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : AE81E67F8593C43CF8AC**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. David R Breed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 S College St  
 City State Zip Code  
 Georgetown TX 78626-7020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 05 / 15 / 2015  
**Transaction ID : A982D29E732524A84920**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. David R Breed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 S College St  
 City State Zip Code  
 Georgetown TX 78626-7020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A24785394334E45F28D9**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

<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 20 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Howard Brenker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6566 NW 99 Lane  
 City Parkland State FL Zip Code 33076-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A26B4B29C68BB49E190A**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Drive  
 City Wilmington State NC Zip Code 28405-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 15 / 2015  
**Transaction ID : A0B3F3C88890641FEA29**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

**C. David M Brouhard MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1905 S Moorings Drive  
 City Wilmington State NC Zip Code 28405-5335  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : AFC677448829848E1A8D**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 12717 W Sunrise Blvd  
256

City Sunrise State FL Zip Code 33323-0902

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : AA1F57268696C4616BFA**

Amount of Each Receipt this Period  
416.66

Payroll Deduction

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

Mailing Address 2 Hedge Lane

City Austin State TX Zip Code 78746-3207

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

Name of Employer American Anesthesiology, Inc. Occupation RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : A78F38C5E90D246BBB2C**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 2 Hedge Lane

City Austin State TX Zip Code 78746-3207

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

Name of Employer American Anesthesiology, Inc. Occupation RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : ADA52D0DD7EE44C32A3D**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 466.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92807-3722

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Reg Dir Patient Accts15

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **540.00**

Date of Receipt: **05 / 15 / 2015**  
Transaction ID : **A924113BADF104A45A8C**

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

Payroll Deduction

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92807-3722

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Reg Dir Patient Accts15

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **A5B9C7D942B8C490C975**

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

Payroll Deduction

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

Mailing Address 7207 Edloe

City Houston State TX Zip Code 77025-1901

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **AA6F41068F43746E6883**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **320.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Waldemar A. Carlo</b>			Date of Receipt
Mailing Address 1720 Indian Creek Dr			<input type="text" value="05"/> / <input type="text" value="20"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : ADA1782491ECA445D809</b>
Vestavia	AL	35243-1700	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="5000.00"/>
Name of Employer	Occupation		
Mednax, Inc.	Director, Mednax, Inc. Board O		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Barbara Carr MD</b>			Date of Receipt
Mailing Address 14116 Fontana			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : AF03FBB9F31404464821</b>
Leawood	KS	66224-1155	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
Pediatrix Medical Group of Kansas, P.A	Medical Director NICU		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Paul T Carrell MD</b>			Date of Receipt
Mailing Address 5215 Buckman Mountain Rd			<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code	<b>Transaction ID : A18D2F1A99BBC4B4B8E3</b>
Austin	TX	78746	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			<input type="text" value="100.00"/>
Name of Employer	Occupation		
American Anesthesiology of Texas, Inc.	Anesthesiologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5200.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ronald P Carzoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 3rd AVE South  
 1101  
 City Jacksonville Beach State FL Zip Code 32250-6783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : AE05A18447FB94616A23**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**B. Amy L Cassidy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8873 Cravenwood Dr  
 City Oak Ridge State NC Zip Code 27310-4801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A45E1534689974D9A85C**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Donald H Chace PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 321 Winslow Way  
 City Swansea State MA Zip Code 02777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 05 / 15 / 2015  
**Transaction ID : A950FE82D46DE4366ACB**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 Winslow Way

City Swansea	State MA	Zip Code 02777
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir PDX Analytcl Research
---	---

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
05	/	29	/	2015

**Transaction ID : A32A5EFA913D2434D8BC**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**B. Russell Cheaney MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1411 Greenway Dr

City Shelby	State NC	Zip Code 28150-6215
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A9A018A94BD2C42E5BB7**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. Elmer K Choi MD**  
Full Name (Last, First, Middle Initial)  
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 American Anesthesiology of Virginia, P	Occupation 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
05	/	29	/	2015

**Transaction ID : A2F80A411C83A44ED9DE**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Reese H Clark MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015
Mailing Address 11539 NW 72nd Place		<b>Transaction ID : A83C763FB0A7D4DF5BA0</b>
City Parkland	State FL	Zip Code 33076-3352
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation VP & CoDirector of CREQ	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	

Full Name (Last, First, Middle Initial) <b>B. Bobby Clifton MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015
Mailing Address 1312 Montrose Dr		<b>Transaction ID : A38BF5733E52D4368BF0</b>
City Shelby	State NC	Zip Code 28150-6047
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Brittany Clyne MD</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 29 / 2015
Mailing Address 2208 Hastings Dr		<b>Transaction ID : A8C38665D88BD42B7BA9</b>
City Charlotte	State NC	Zip Code 28207-2428
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 75.00	
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

<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 27 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Cameron Cole MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8239 New Cut Rd  
City Campo Bello State SC Zip Code 29322-8733  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of South Carol  
Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: **05 / 29 / 2015**  
**Transaction ID : A6C91B302ECFC4A758EF**  
Amount of Each Receipt this Period: **125.00**  
Payroll Deduction

**B. Jose Colindres MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16775 NW 20 Street  
City Pembroke Pines State FL Zip Code 33028-2013  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Florida, In  
Occupation: Neonatologist  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt: **05 / 29 / 2015**  
**Transaction ID : AAE410F72D6C6429F8C3**  
Amount of Each Receipt this Period: **250.00**  
Payroll Deduction

**C. Steve Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10468 Laurel Road  
City Davie State FL Zip Code 33328-1358  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Mednax Services, Inc.  
Occupation: SVP Business Development  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **05 / 29 / 2015**  
**Transaction ID : A7239445C6CE8404CB02**  
Amount of Each Receipt this Period: **500.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **875.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Larry Consenstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203-1303

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

Name of Employer: Pediatrix Medical Group Neonatology an  
Occupation: Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **05 / 15 / 2015**  
Transaction ID : **A2BD9A29C5391424C944**

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

Payroll Deduction

**B. Larry Consenstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203-1303

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

Name of Employer: Pediatrix Medical Group Neonatology an  
Occupation: Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **AA92DA3AE0C49466E96F**

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

Payroll Deduction

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

Mailing Address 1413 Dogwood Lane

City Raleigh State NC Zip Code 27607-6854

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **ABE9EA9C3C8484BD9869**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **185.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs

City Buda	State TX	Zip Code 78610-5177
--------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg HS Manager
---	------------------------------

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
05	/	15	/	2015

**Transaction ID : A045F0ABC370942FB9C9**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

**B. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs

City Buda	State TX	Zip Code 78610-5177
--------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg HS Manager
---	------------------------------

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
05	/	29	/	2015

**Transaction ID : A92CDBD2EBAA64B668BC**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

**C. Margaret D Davis MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5115 Park Drive

City Vermilion	State OH	Zip Code 44089-1416
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A6EAC1A23479D4568AD1**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave  
 Ne  
 City Redmond State WA Zip Code 98053-6236  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Perinatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A0406E68F9C23473B9E9**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**B. Jorge Del Toro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 NW 125th Avenue  
 Unit 317  
 City Sunrise State FL Zip Code 33323-6319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: CMO VP Medical Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1603.35**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A0EE151AFA45A4B7385E**  
 Amount of Each Receipt this Period: 320.67  
 Payroll Deduction

**C. Bruce J Denenny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Winterberry Ct  
 City Greensboro State NC Zip Code 27455-0832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A65E3BD2AFF0B412BA2F**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **470.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445-7141

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1874.97

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : AF8A9F6DB3D5240E9BAF**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445-7141

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : A1E3BD526B36144AC85E**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**C. Rebecca D Doise MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 I49 S Service Road

City Sunset State LA Zip Code 70584

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

Name of Employer Pediatrix Emergent and Critical Care S Occupation Medical Director ER

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  
 05 / 15 / 2015

**Transaction ID : A26E7CB4014A3416C9CB**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	441.66
<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 32 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Rebecca D Doise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Emergent and Critical Care S  
 Occupation: Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A50011D35BE3F489E9CC**  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction

**B. Susan A Dotzler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Ashbury Bay  
 City San Antonio State TX Zip Code 78258-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc.  
 Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A3C6FEB08194A4A9FA17**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**C. James Doyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2137 Queens Road East  
 City Charlotte State NC Zip Code 28207-2729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of the Southea  
 Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A95F6058E76AA4201953**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00  
**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 33 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Cedric Dupont MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Pascal Lane

City Austin State TX Zip Code 78746-2554

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : AA6ED0243C275402FA6C**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Charlene D Edwards MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sailview Cove

City Greensboro State NC Zip Code 27455-3449

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A541907B14CD24745B9C**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**C. Julia Elrod MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Oxford Circle

City Bossier City State LA Zip Code 71111-2279

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

Name of Employer Pediatrix Medical Group of Louisiana, Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 15 / 2015**  
**Transaction ID : AC6BDEC45FAE54682BA5**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **250.00**

**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 34 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Emil D Engels MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3127 Windsong Dr

City State Zip Code  
Oakton VA 22124-1832

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A0FAF38A2E63946A80E**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

City State Zip Code  
Wilmington NC 28403-4024

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : A28D07F4554224E6F81D**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

City State Zip Code  
Wilmington NC 28403-4024

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A562A667788C34D2D96E**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 35 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Charles L Ewell MD**

Mailing Address 617 Blair Street

City Greensboro State NC Zip Code 27408-7401

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A83A5B899A5144C13AD0**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021-8434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.97**

Date of Receipt **05 / 15 / 2015**

**Transaction ID : A5B58635378064CFFB06**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021-8434

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.30**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AC64C734BE0E241B8ADF**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **466.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Miguel Fernandez**

Mailing Address 121 Alhambra Plz  
Ste 1100

City Coral Gables State FL Zip Code 33134-4522

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

Name of Employer Mednax, Inc. Occupation Director, Mednax, Inc. Board O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 20 / 2015  
**Transaction ID : A3426D26892C349E1A39**

Amount of Each Receipt this Period  
5000.00

Full Name (Last, First, Middle Initial)  
**B. Alan Fishman MD**

Mailing Address 108 Los Gatos Blvd

City Los Gatos State CA Zip Code 95030-6122

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

Name of Employer Obstetrix Medical Group of California, Occupation Corporate Medical Directr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : AE99660AD9CBD4194BED**

Amount of Each Receipt this Period  
500.00

Payroll Deduction

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

Mailing Address 2903 Hamden Drive

City Greensboro State NC Zip Code 27405-3676

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : A313E7D57BC374960A94**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Alexander F Fortune MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 906 W Cornwallis Drive

City Greensboro State NC Zip Code 27408-5623

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : A83494979F2844035A61**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**B. Richard Franklin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2207 Peninsula Ave

City Shelby State NC Zip Code 28150-9609

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : A7B98E7EE1FF04CE5A8C**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction

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

Mailing Address 294 Iven Avenue Apt 3D

City Wayne State PA Zip Code 19087-4904

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 29 / 2015**

**Transaction ID : A526D0DD86C6F4BB5BD3**

Amount of Each Receipt this Period  
**83.33**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>218.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 3816 W Hibiscus Street

City Weston	State FL	Zip Code 33332-2493
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : AE2A5C017F41F406E909**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston	State FL	Zip Code 33332-2493
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AEC33260C1A8D4C9B888**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**c. Josephine Gambardella MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1014 Priory Place

City McLean	State VA	Zip Code 22101-2134
----------------	-------------	------------------------

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

Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : ABEFA1B6F8DB045939A2**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Barclay Gang</b>		Date of Receipt
Mailing Address 738 NE 74 St Apt 2801		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Miami	State FL	Zip Code 33138-5232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A824A5411E1CD43DBAEA</b>
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Occupation Staff Counsel		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.03"/>	

Full Name (Last, First, Middle Initial) <b>B. Barclay Gang</b>		Date of Receipt
Mailing Address 738 NE 74 St Apt 2801		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Miami	State FL	Zip Code 33138-5232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A2BF72D52FB674A0BAF8</b>
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="41.67"/>
Occupation Staff Counsel		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="666.70"/>	

Full Name (Last, First, Middle Initial) <b>C. Sanjuanita GarzaCox MD</b>		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Helotes	State TX	Zip Code 78023-4640
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AFF6CC08A69DE47A1BB3</b>
Name of Employer Pediatrix Medical Services, Inc.		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation Neonatologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1874.97"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="291.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Sanjuanita GarzaCox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 Ruidosa Downs  
 City Helotes State TX Zip Code 78023-4640  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2083.30

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A4A22050A79BE4A39A23**  
 Amount of Each Receipt this Period  
 208.33  
 Payroll Deduction

**B. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706 Apt 706  
 City Los Angeles State CA Zip Code 90015-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Regional Counsel 15  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 562.50

Date of Receipt  
 05 / 15 / 2015  
**Transaction ID : AACCC04B118E1443BDBD6**  
 Amount of Each Receipt this Period  
 62.50  
 Payroll Deduction

**C. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706 Apt 706  
 City Los Angeles State CA Zip Code 90015-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Regional Counsel 15  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A6749FD0C16D143F9BC6**  
 Amount of Each Receipt this Period  
 62.50  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.33  
**TOTAL** This Period (last page this line number only)..... ▶



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 107
<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. Richard Gilbert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Coconut Drive  
Apt 104

City Ft Lauderdale State FL Zip Code 33315-1147

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

Name of Employer American Anesthesiology, Inc. Occupation VP Chief Med Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AA7207970065144B1B92**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302-0048

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Div Dir Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 15 / 2015**

**Transaction ID : A49D43A007FC541F7A2A**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**C. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302-0048

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Div Dir Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A2D18B00D55864949999**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7700 NW 120th Drive

City Parkland	State FL	Zip Code 33076-4536
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
540.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : A856B1999BA654C89AA8**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

City Parkland	State FL	Zip Code 33076-4536
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : A13C6514F87074F6B92A**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**C. Katherine Grichnik MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6423 Collins Avenue  
Unit 1405

City Miami Beach	State FL	Zip Code 33141-4642
---------------------	-------------	------------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir ResearchEdu&Quality
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : A533EF031A94241EBB96**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Katherine Grichnik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141-4642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : AEE107D907D924EE3866**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064-8938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1040.76**

Date of Receipt **05 / 15 / 2015**  
**Transaction ID : AA88F518E36794B4B9D4**  
 Amount of Each Receipt this Period **115.64**  
 Payroll Deduction

**C. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064-8938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1156.40**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A4E64DD35417A420E975**  
 Amount of Each Receipt this Period **115.64**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **331.28**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Timothy E Gundlach MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173-6774

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A927215833CA54F9B9FF**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**B. Charles M Hahn MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6317 Shinn Creek Lane

City Wilmington State NC Zip Code 28409-2152

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : ACFFFFFFE605A4C08AD0**

Amount of Each Receipt this Period 25.00

Payroll Deduction

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

Mailing Address 6317 Shinn Creek Lane

City Wilmington State NC Zip Code 28409-2152

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A2EC282746C3E47BDBAF**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 150.00

**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 45 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Peter Haney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Chimney Rock

City Houston State TX Zip Code 77024-5606

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **416.65**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : AB6B1C1719C40474EB0E**

Amount of Each Receipt this Period: **83.33**

Payroll Deduction

**B. John F Hatchett MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5904 Snow Hill Drive

City Summerfield State NC Zip Code 27358-9123

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : AB6FA050310E74CDE974**

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

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316-2212

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

Name of Employer: American Anesthesiology, Inc. Occupation: Div COO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2062.53**

Date of Receipt: 05 / 15 / 2015  
**Transaction ID : A6360378D6E344033AFA**

Amount of Each Receipt this Period: **229.17**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **362.50**

**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 46 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316-2212

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

Name of Employer American Anesthesiology, Inc. Occupation Div COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2291.70

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : A76C5FB83DC3B458CBE6**

Amount of Each Receipt this Period  
229.17

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015-8368

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015

**Transaction ID : A55C8EFC1094D4D00AC3**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015-8368

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015

**Transaction ID : AE42700EE11784F28A7D**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	329.17
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Adam S Hodierne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 W Bessemer Avenue

City Greensboro State NC Zip Code 27401-1403

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : AEEDC855323654F969C9**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**B. Brent Holway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Stonestrow Court

City Charlotte State NC Zip Code 28226-6493

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : AE0D782381F804297A84**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**C. Dominick J Iaconetti MD**  
Full Name (Last, First, Middle Initial)

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 American Anesthesiology of Virginia, P Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 349.99

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A0D5969B4D4434E368D9**

Amount of Each Receipt this Period  
 83.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 183.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ayne K Iafolla MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14220 Cervantes Avenue

City Darnestown	State MD	Zip Code 20874-3353
--------------------	-------------	------------------------

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

Name of Employer Pediatrix of Maryland, P.A.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A5BF9B31BDB2249C091F**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

**B. Victor N Iskersky MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Club Colony Cir

City Blythewood	State SC	Zip Code 29016-8282
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A557BE452C56747C299C**

Amount of Each Receipt this Period  
**208.33**

Payroll Deduction

**C. Dennis M Jacobs DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 Hendon Row Way

City Fort Mill	State SC	Zip Code 29715-6904
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : ACBB0E37CE4154D9BAE3**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>458.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Paul Jaszewski MD</b>		Date of Receipt
Mailing Address 19449 Peninsula Shores Drive		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Cornelius	State NC	Zip Code 28031-7583
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : ADD535478748B4663B05</b>
Name of Employer American Anesthesiology of the Southea		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Occupation Anesthesiologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jeffrey M Jekot MD</b>		Date of Receipt
Mailing Address 3804 Woodcutter's Way		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Austin	State TX	Zip Code 78746-1543
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A0E31CFA7E3D344FA8F9</b>
Name of Employer American Anesthesiology of Texas, Inc.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation Anesthesiologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Martin B Jenkins MD</b>		Date of Receipt
Mailing Address 9130 Anderton Springs Cove		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Memphis	State TN	Zip Code 38133-0900
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A3D0CECFDF18744C9BE2</b>
Name of Employer Pediatrix Medical Group of Tennessee,		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Medical Director NICU		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Shannon L Jenkins DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 N 1590 W  
 City Pleasant Grove State UT Zip Code 84062-9014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : A9F4DD78F1ED24A41997**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. Shannon L Jenkins DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 N 1590 W  
 City Pleasant Grove State UT Zip Code 84062-9014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A5BA5D70AAE4C42E6966**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Drive N  
 City Greensboro State NC Zip Code 27403-1560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A357FC2EC8D094D7DA70**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Manuel Kadre**

Mailing Address 5345 Hammock Dr

City State Zip Code  
Coral Gables FL 33156-2103

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

Name of Employer Occupation  
Mednax, Inc. Director, Mednax, Inc. Board O

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
05 / 20 / 2015  
**Transaction ID : AC4550ACF24604E5386E**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 11224 Handlebar Rd

City State Zip Code  
Reston VA 20191-3908

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

Name of Employer Occupation  
American Anesthesiology, Inc. RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
945.05

Date of Receipt  
05 / 15 / 2015  
**Transaction ID : A8E1CE59E38A64BD5BF1**

Amount of Each Receipt this Period  
83.33

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City State Zip Code  
Reston VA 20191-3908

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

Name of Employer Occupation  
American Anesthesiology, Inc. RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1028.38

Date of Receipt  
05 / 29 / 2015  
**Transaction ID : ACCE820FBC6044065A94**

Amount of Each Receipt this Period  
83.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5166.66

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Mark C Katris</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : ABE5D32B50C044128A13</b>
Mailing Address 3440 NE 15th Avenue		Amount of Each Receipt this Period 75.00
City Oakland Park	State FL	Zip Code 33334-5354
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Chief Pilot & AviationMgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	

Full Name (Last, First, Middle Initial) <b>B. Mark C Katris</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AD292860B428A47DC9F7</b>
Mailing Address 3440 NE 15th Avenue		Amount of Each Receipt this Period 75.00
City Oakland Park	State FL	Zip Code 33334-5354
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Chief Pilot & AviationMgr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) <b>C. Alexander Kenton MD</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : A7F86D1767631463F9F0</b>
Mailing Address 302 W Lynwood Ave		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78212-2592
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<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 53 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Alexander Kenton MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AE829B135DBE141D1935</b>
Mailing Address 302 W Lynwood Ave		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78212-2592
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Elizabeth Krueger MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AF986D0A73E194CF5811</b>
Mailing Address 2420 Valley Brook Road		Amount of Each Receipt this Period 100.00
City Nashville	State TN	Zip Code 37215-2019
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Tennessee,	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Tony M Lacaze</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : A8BB2D29240F4410191B</b>
Mailing Address 4342 Indian Creek Ln		Amount of Each Receipt this Period 208.33
City Frisco	State TX	Zip Code 75033-0144
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1874.97	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	508.33
<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 54 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Tony M Lacaze</b>		Date of Receipt
Mailing Address 4342 Indian Creek Ln		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Frisco	State TX	Zip Code 75033-0144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A65114C00AB3642029C5</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation Regional President		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2083.30"/>	

Full Name (Last, First, Middle Initial) <b>B. Michael J Lang MD</b>		Date of Receipt
Mailing Address 10422 E Windrose Drive		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Scottsdale	State AZ	Zip Code 85259-2422
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AB83E88DA163F4EDCB92</b>
Name of Employer Obstetrix Medical Group of Phoenix, P.		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Occupation Neonatologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Stewart Lawrence MD</b>		Date of Receipt
Mailing Address 2555 E Plateau Drive		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Boise	State ID	Zip Code 83712-7562
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A742FCD6B3A25461F824</b>
Name of Employer Mountain States Neonatology, Inc.		Amount of Each Receipt this Period <input type="text" value="62.50"/>
Occupation Neonatologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="562.50"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="370.83"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2555 E Plateau Drive

City Boise	State ID	Zip Code 83712-7562
---------------	-------------	------------------------

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

Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A8A3A88B4F40C4346B68**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**B. Barry M Lawson MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5497 170 Place SE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A4C7BF21BD4E0433DA41**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 2523 Sheep Creek Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
562.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : AB6652528597347EA909**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 56 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523-5891

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : AF7C7FACFE2F5475FA9F**

Amount of Each Receipt this Period: **62.50**

Payroll Deduction

**B. Jonathan J Lee MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Intervail Dr

City Austin State TX Zip Code 78746-7629

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : AB89D52D5A80A49069F2**

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

Payroll Deduction

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

Mailing Address 2720 Boyer Ave E 1900

City Seattle State WA Zip Code 98102-3932

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A9A3CA6736B8C40DEAB7**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **312.50**

**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 57 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Peter Levine</b>		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Weston	FL	33327-2385
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Sr Regional Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	
		Transaction ID : <b>AB68E99840E404FEA83B</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Peter Levine</b>		Date of Receipt
Mailing Address 1192 Skylark Drive		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Weston	FL	33327-2385
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Sr Regional Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : <b>AE554B5937E9E4AF7B20</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Jacquelyn A Liberto</b>		Date of Receipt
Mailing Address 2543 Jardin Terrace		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Weston	FL	33327-1517
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	VP Project Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : <b>A2B21A218F4F442EE871</b>
		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="262.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 58 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jacquelyn A Liberto</b>		Date of Receipt
Mailing Address 2543 Jardin Terrace		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Weston	FL	33327-1517
FEC ID number of contributing federal political committee.		Transaction ID : <b>AC68EEEEF00B884C4094E</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="62.50"/>
Name of Employer	Occupation	Payroll Deduction
Mednax Services, Inc.	VP Project Management	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="312.50"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Beverly Gail Lim</b>		Date of Receipt
Mailing Address 201 NE 4th Street		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boca Raton	FL	33432-4033
FEC ID number of contributing federal political committee.		Transaction ID : <b>A83D8065F796849FE91F</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
Name of Employer	Occupation	Payroll Deduction
Mednax Services, Inc.	VP Business Expansion	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>c. Charles Long MD</b>		Date of Receipt
Mailing Address 134 Perrin Place Apt 3A		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Charlotte	NC	28207-2222
FEC ID number of contributing federal political committee.		Transaction ID : <b>AE18A4B526E904FA7AC5</b>
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="75.00"/>
Name of Employer	Occupation	Payroll Deduction
American Anesthesiology of the Southea	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="537.50"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7821 Night Hawk Road

City Chattanooga	State TN	Zip Code 37421-7304
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.35

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : A0CEB64A47533433885E**

Amount of Each Receipt this Period  
666.67

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

City Wilmington	State NC	Zip Code 28409-9207
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	15	/	2015

**Transaction ID : ADBE513CA76CF4D19BA5**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C. Robert E Lubanski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6415 Hawksbill Dr

City Wilmington	State NC	Zip Code 28409-9207
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : A6113366228754AE386F**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	716.67
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert Manning**  
Full Name (Last, First, Middle Initial)  
Mailing Address 430 NE 8th Avenue

City Ft Lauderdale	State FL	Zip Code 33301-1212
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A1AE86C7D6C824010B3D**

Amount of Each Receipt this Period  
450.00

Payroll Deduction

**B. Bruce Manno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1177.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : A99B01F983EFF47D9913**

Amount of Each Receipt this Period  
130.85

Payroll Deduction

**C. Bruce Manno**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1308.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A3E7E6D843687469891C**

Amount of Each Receipt this Period  
130.85

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	306.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Eric W Mason MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A58EE0DE2373C471EAAF</b>
Mailing Address 333 Las Olas Way Apt 3005		Amount of Each Receipt this Period 416.67
City Ft Lauderdale	State FL	Zip Code 33301-2390
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Regional President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Stefan R Maxwell MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A01748B05996547AE8B7</b>
Mailing Address 5 Chatham Road		Amount of Each Receipt this Period 416.67
City Charleston	State WV	Zip Code 25304-2763
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Jorge McCormack MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AB79CD0EDC46D43E8BAE</b>
Mailing Address 7 Brightwaters Circle NE		Amount of Each Receipt this Period 100.00
City St Petersburg	State FL	Zip Code 33704-3729
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Pediatric Cardiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	933.34
<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 63 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Harlan McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7528 Waterview Drive  
 City Cornelius State NC Zip Code 28031-8644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **375.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A8181B5AB550C43FD9B6**  
 Amount of Each Receipt this Period **75.00**  
 Payroll Deduction

**B. Bahman Mehdizadeh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25470 Prado De Las Bellotas  
 City Calabasas State CA Zip Code 91302-3658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of California, Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : A467B2758B70F47EA839**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**c. Hugh Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 N Secret Canyon Drive  
 City Tucson State AZ Zip Code 85718-1434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of Arizona, P. Occupation Medical Director PERI  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **05 / 29 / 2015**  
**Transaction ID : AD65115B849E14782A0F**  
 Amount of Each Receipt this Period **150.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **325.00**  
**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 64 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Melissa P Montague**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 Geese Landing

City Glen Allen	State VA	Zip Code 23060-5875
--------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **855.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : A9982B6ABD77149DE876**

Amount of Each Receipt this Period  

95.00
-------

Payroll Deduction

**B. Melissa P Montague**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 Geese Landing

City Glen Allen	State VA	Zip Code 23060-5875
--------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A7A4EDBEAE9A84E1A979**

Amount of Each Receipt this Period  

95.00
-------

Payroll Deduction

**C. Phillip L Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 512 Dimock Way

City Wake Forest	State NC	Zip Code 27587-1653
---------------------	-------------	------------------------

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

Name of Employer American Anesthesiology of North Carol	Occupation Chief Anesthetist
--	---------------------------------

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
05	/	08	/	2015

**Transaction ID : A2BD4D9AF17594EE7BB6**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>240.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Phillip L Morris**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 512 Dimock Way  
 City Wake Forest State NC Zip Code 27587-1653  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol  
 Occupation Chief Anesthetist  
 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  
 05 / 22 / 2015  
**Transaction ID : A3B7B7AFC42BA4F22B0A**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Ronald A Naglie MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25135 Stageline Dr  
 City Laguna Hills State CA Zip Code 92653-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of California,  
 Occupation Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : AAF1485DEFE944CAEB23**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction

**C. Vijay Nama MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 Kennison Court  
 City Plano State TX Zip Code 75093-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc.  
 Occupation Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2080.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A3568C7791C4F4E2A994**  
 Amount of Each Receipt this Period  
 416.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.00
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Elizabeth C O'Donnell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 Duke Street  
 City Houston State TX Zip Code 77005-3410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 11 / 2015  
**Transaction ID : A399B41646455492F87A**  
 Amount of Each Receipt this Period 250.00

**B. Kathleen S O'Hara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : AE81D1EF323C04D44890**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Kathleen S O'Hara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A4C2113B871BB44C9A86**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 67 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Amil Ortiz MD</b>		Date of Receipt
Mailing Address 139 Park Ridge		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Boerne State TX Zip Code 78006-5712		<b>Transaction ID : AD532F66C22954763B63</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="104.17"/>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="520.85"/>	

Full Name (Last, First, Middle Initial) <b>B. Amil Ortiz MD</b>		Date of Receipt
Mailing Address 139 Park Ridge		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City Boerne State TX Zip Code 78006-5712		<b>Transaction ID : A16A285DCB1FF490E910</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="104.17"/>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.02"/>	

Full Name (Last, First, Middle Initial) <b>C. Carey D Osborne</b>		Date of Receipt
Mailing Address 4095 NW 24th Avenue		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City Boca Raton State FL Zip Code 33431-8417		<b>Transaction ID : AFE302F072A1A4463B2F</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer Mednax Services, Inc.	Occupation Dir Recruiting	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="540.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="268.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431-8417

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AF0E964534F0A4B8880F**

Amount of Each Receipt this Period **600.00**

Payroll Deduction

**B. Brian J Palank JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Metropolitan Ave Unit 403

City Charlotte State NC Zip Code 28204-3408

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AEE914B823B3A452D8F4**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 10126 Summit View Pt

City Highland Ranch State CO Zip Code 80126-5516

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A196CFA709EFD40C3B2B**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>235.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Glen Paris MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 23 Rolling Hill Drive  
City Chatham State NJ Zip Code 07928-1609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Summit Anesthesia PA Occupation Medical Director Anesth  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 249.99

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AB8E4606EAD6C4FEAB04**  
Amount of Each Receipt this Period 83.33  
Payroll Deduction

**B. Hanoch Patt MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3005 Scenic Drive  
City Austin State TX Zip Code 78703-1057  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Pediatrix Medical Services, Inc. Occupation Corporate Medical Directr  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2083.35

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AE3682350D2D647AF82D**  
Amount of Each Receipt this Period 416.67  
Payroll Deduction

**C. Darren Patz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 NE 99th Street  
City Miami Shores State FL Zip Code 33138-2434  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation VP Government Affairs  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1874.97

Date of Receipt 05 / 15 / 2015  
**Transaction ID : A0254F25727C64D4CA49**  
Amount of Each Receipt this Period 208.33  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 708.33  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138-2434

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2083.30

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A6B7236D34D914051BBD**

Amount of Each Receipt this Period 208.33

Payroll Deduction

**B. Joshua A Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 SW 5th Ave 904

City Boca Raton State FL Zip Code 33432-7146

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

Name of Employer American Anesthesiology, Inc. Occupation Dir Practice Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : A3B2155D35CC347B99CD**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**C. Joshua A Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 SW 5th Ave 904

City Boca Raton State FL Zip Code 33432-7146

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

Name of Employer American Anesthesiology, Inc. Occupation Dir Practice Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AE3A021DA207F4CA0BEE**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 308.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John Pepia</b>		Date of Receipt
Mailing Address 20160 Ocean Key Dr		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boca Raton	FL	33498-4529
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	VP Accounting & Finance	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	
		Transaction ID : <b>ADAB20211133D4AC2929</b>
		Amount of Each Receipt this Period
		<input type="text" value="400.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Manuel Peregrino MD</b>		Date of Receipt
Mailing Address 23 Westwind Drive		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lemoyne	PA	17043-1234
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Pennsylvani	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : <b>A43C2D6D96647457BB46</b>
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Carlos Perez MD</b>		Date of Receipt
Mailing Address PO Box 11913		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
San Juan	PR	00922-1913
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, S.P.	Regional President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2083.35"/>	
		Transaction ID : <b>AB437EB8B57AD46309FE</b>
		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="916.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jose A PerezDiaz</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A64D233C2B6EB4696987</b>
Mailing Address Cond Pine Grove Apt 44a		Amount of Each Receipt this Period 100.00
City Carolina	State PR	Zip Code 00979-7019
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, S.P.	Occupation Dir Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Maria R Pierce MD</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : AC5352AEFE180468FAC8</b>
Mailing Address 33 W Elm Circle		Amount of Each Receipt this Period 208.33
City San Antonio	State TX	Zip Code 78230-2638
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1874.97	

Full Name (Last, First, Middle Initial) <b>C. Maria R Pierce MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A16F2266211BD450D872</b>
Mailing Address 33 W Elm Circle		Amount of Each Receipt this Period 208.33
City San Antonio	State TX	Zip Code 78230-2638
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.30	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.66
<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 73 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 12149 Huske Road

City Stony Creek State VA Zip Code 23882-3026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1777.21**

Date of Receipt: **05 / 15 / 2015**  
Transaction ID : **A111F140914DA4CFB9A3**

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

Payroll Deduction

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

Mailing Address 12149 Huske Road

City Stony Creek State VA Zip Code 23882-3026

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1985.54**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **A1E4F63A8E8764D0BB1B**

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

Payroll Deduction

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

Mailing Address 109 Sequoia Drive

City San Antonio State TX Zip Code 78232-2216

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **05 / 15 / 2015**  
Transaction ID : **A947C176D53BF47C6A7E**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **516.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. George Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 109 Sequoia Drive  
 City San Antonio State TX Zip Code 78232-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : AC08CEA916A7445DBB15**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Pius J Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 146 W Park Dr Suite 9B  
 City Kingsport State TN Zip Code 37660-3813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Tennessee, Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : AE984E47E5CAA4469997**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Richard Powers MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 110 Gemini Ct  
 City Los Gatos State CA Zip Code 95032-5141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of California, Medical Director  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3000.00

Date of Receipt  
 05 / 29 / 2015  
**Transaction ID : A3AD2B51ECC51478D920**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

<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 75 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mark P Preziosi MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3144 Legends Circle

City Lakeland	State FL	Zip Code 33803-5432
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A4CFA736E88154B35A45**

Amount of Each Receipt this Period  

85.00
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Payroll Deduction

**B. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064-7229
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : ACA6D681FCC184F82AFD**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**C. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064-7229
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A03AEB5E25C8D4DF2AA2**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>185.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jamie A Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Fallen Leaf Lane  
Unit B

City State Zip Code  
Wilmington NC 28403-5594

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2015  
Transaction ID : **A1DC76A5E1FFC4179978**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B. Jamie A Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 Fallen Leaf Lane  
Unit B

City State Zip Code  
Wilmington NC 28403-5594

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 29 / 2015  
Transaction ID : **A4E1C0E7383694F34956**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C. Patricia Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Luberon Drive

City State Zip Code  
Henderson NV 89044-0362

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
05 / 15 / 2015  
Transaction ID : **A6FD904C958D342E6AFD**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 100.00

**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 77 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Patricia Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Luberon Drive

City Henderson State NV Zip Code 89044-0362

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AAC7EE75ADAAB4C7A95**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**B. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Ridge Rd

City Great Falls State MT Zip Code 59405-5532

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

Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : AE7CA82CE4CC04657BDB**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**C. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Ridge Rd

City Great Falls State MT Zip Code 59405-5532

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

Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A5B5C3F3121784180984**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert P Rieker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4420 Lake Boone Trail

City Raleigh State NC Zip Code 27607-7505

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

Name of Employer American Anesthesiology of North Carol  
Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A43B0BA297A854B2B839**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 1530 Wyatt Court

City Reno State NV Zip Code 89521-6139

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A99A9737F999E40838C9**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**C. Deborah Rogala**  
Full Name (Last, First, Middle Initial)

Mailing Address 2433 Triggerfish Ct

City Holiday State FL Zip Code 34691-9829

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : ABEE9859A72B44A22AED**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Deborah Rogala**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2433 Triggerfish Ct

City Holiday	State FL	Zip Code 34691-9829
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Florida, In	Occupation NNP
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : AB68E336B00204B3EA5B**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**B. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7730 Hanahan Place

City Lake Worth	State FL	Zip Code 33467-7720
--------------------	-------------	------------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Benefits
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : A4C68D3E2DCAA4AD0A4C**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7730 Hanahan Place

City Lake Worth	State FL	Zip Code 33467-7720
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Dir Benefits
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A88B7A03EE56C447EA9D**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<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 80 OF 107
	<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**

Full Name (Last, First, Middle Initial) <b>A. Brian Rosenberg</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : AB04D0FAF8EC1472B873</b>
Mailing Address 7366 NW 108th Way		Amount of Each Receipt this Period 30.00
City Parkland	State FL	Zip Code 33076-1860
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Training & Dev't	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

Full Name (Last, First, Middle Initial) <b>B. Brian Rosenberg</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AE01F228677DE4471B17</b>
Mailing Address 7366 NW 108th Way		Amount of Each Receipt this Period 30.00
City Parkland	State FL	Zip Code 33076-1860
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Training & Dev't	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Kasandra Rossi</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : A6F7B3465293E478B928</b>
Mailing Address 7603 NW 113th Avenue		Amount of Each Receipt this Period 25.00
City Parkland	State FL	Zip Code 33076-4776
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.00
<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 81 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7603 NW 113th Avenue

City Parkland	State FL	Zip Code 33076-4776
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting
---	---------------------------------------

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  
 05 / 29 / 2015  
**Transaction ID : ADD27F2D392764BBCB4F**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**B. David Salama MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16741 100 Norman Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 29 / 2015  
**Transaction ID : A33CCF0A721874EF9BA9**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**C. Idelsi Sanchez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029-2720
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
831.33

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2015  
**Transaction ID : AEF1EA45427AC4C0CB7E**

Amount of Each Receipt this Period  
92.37

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	192.37
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Idelsi Sanchez**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029-2720
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.70**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A1E455DBC788A4883BF7**

Amount of Each Receipt this Period  

923.70
--------

Payroll Deduction

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

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : A9322F4CC0A9A406CA84**

Amount of Each Receipt this Period  

62.50
-------

Payroll Deduction

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

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A01F5115B605045FB808**

Amount of Each Receipt this Period  

62.50
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>217.37</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 83 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ray Y Sato MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Alaskan Way  
349

City Seattle State WA Zip Code 98121-2104

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A26F4C784F8044F84847**

Amount of Each Receipt this Period: 50.00

Payroll Deduction

**B. Jonathan Schwartz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court  
South

City Jacksonville State FL Zip Code 32224-9652

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A1A861ECB3A524554A60**

Amount of Each Receipt this Period: 60.00

Payroll Deduction

**c. Clair A Schwendeman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 17616 Ivy Hill Drive

City Dallas State TX Zip Code 75287-7561

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt: 05 / 15 / 2015  
**Transaction ID : A43898661EA2A450B9C8**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 210.00

**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 84 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287-7561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A276454A4407849F6B54**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**B. Whitney Scott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Vinnings Place  
 City Raleigh State NC Zip Code 27608-1878  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of North Carol Occupation: Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A20A22CCBEDD14A2D910**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**C. Lalit K Shah MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2840 NE 36 St  
 City Ft Lauderdale State FL Zip Code 33308-5818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A376A38A8C5524BF483E**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 107
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Donna E. Shalala</b>		Date of Receipt 05 / 14 / 2015 <b>Transaction ID : A2DE1F9ED94E8402F869</b>
Mailing Address 60 Edgewater		Amount of Each Receipt this Period 5000.00
City Coral Gables	State FL	Zip Code 33133-6970
FEC ID number of contributing federal political committee. C	Name of Employer Mednax, Inc	Occupation Board Of Director
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>B. Cecil G Sharp MD</b>		Date of Receipt 05 / 29 / 2015 <b>Transaction ID : A3C31453671194074BC1</b>
Mailing Address 576 Medinah Drive		Amount of Each Receipt this Period 45.00
City Augusta	State GA	Zip Code 30907-9446
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Corp Med Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Richard A Sidebottom MD</b>		Date of Receipt 05 / 29 / 2015 <b>Transaction ID : A75E1D54214EA40298CF</b>
Mailing Address 1305 Byron Nelson Pkwy		Amount of Each Receipt this Period 100.00
City Southlake	State TX	Zip Code 76092-9547
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5145.00
<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 86 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. James D Singer MD**

Mailing Address 17 Captain's Point

City Greensboro State NC Zip Code 27455-3430

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AB936A8D587014316A06**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Enrique Sosa**

Mailing Address 430 Grand Bay Dr Apt 1002

City Key Biscayne State FL Zip Code 33149-1940

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

Name of Employer Mednax, Inc Occupation Board Of Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **05 / 13 / 2015**

**Transaction ID : ACFC6B1375766445C971**

Amount of Each Receipt this Period **5000.00**

Full Name (Last, First, Middle Initial)  
**c. Craig Steiner MD**

Mailing Address 4709 Camargo Court

City College Station State TX Zip Code 77845-4405

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : AE1C585E3523E4169A9D**

Amount of Each Receipt this Period **125.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **5175.00**

**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 87 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Julia L Stones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale	State FL	Zip Code 33308-1017
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation Dir Marketing
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
765.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2015

**Transaction ID : A2E4FF92BF0EE4BE7979**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**B. Julia L Stones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale	State FL	Zip Code 33308-1017
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A65F2B6ADB83C47B3B5F**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**C. Barry Stowe MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2021 Coniston Place

City Charlotte	State NC	Zip Code 28207-1801
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	29	/	2015

**Transaction ID : A8DDE31AAB6874BE9B3F**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	220.00
<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 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Milissa Stubbs</b>		Date of Receipt
Mailing Address 2751 NE 48th Court		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lighthouse Point	FL	33064-7940
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A9C6D52DFB0EC4B40821</b>
Mednax Services, Inc.	VP Portfolio Strat & Dev	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="937.53"/>	<input type="text" value="104.17"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Milissa Stubbs</b>		Date of Receipt
Mailing Address 2751 NE 48th Court		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Lighthouse Point	FL	33064-7940
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A234A494023444D5F9BF</b>
Mednax Services, Inc.	VP Portfolio Strat & Dev	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1041.70"/>	<input type="text" value="104.17"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Terrence J Sweeney MD</b>		Date of Receipt
Mailing Address 727 17th Avenue East		<input type="text" value="05"/> / <input type="text" value="29"/> / <input type="text" value="2015"/>
City	State	Zip Code
Seattle	WA	98112-3921
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A868ACF31F7B54E0FB46</b>
Pediatrix Medical Group of Washington,	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="700.00"/>	<input type="text" value="140.00"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="348.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kassell Sykes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 Greywalls Lane  
 City Raleigh State NC Zip Code 27614-8207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol  
 Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A78F106FE674F4638830**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. Bannie Lee Tabor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 Still Meadow Drive  
 City Ft Worth State TX Zip Code 76132-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc.  
 Occupation Medical Director PERI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AD7C5BD843E174B24B71**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

**C. B Keith Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Linden Avenue  
 City Lynchburg State VA Zip Code 24503-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, P.C.  
 Occupation Corp Med Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A533A0083C332460D811**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Daniel Thailer MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : A5F0FC4B7FD11456DAC4</b>
Mailing Address 7027 Summerhill Ridge Dr		Amount of Each Receipt this Period 50.00
City Charlotte	State NC	Zip Code 28226-5591
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Pamela N Thomas</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AA297710E60B242C0BFD</b>
Mailing Address 2121 NW 76th Terrace		Amount of Each Receipt this Period 50.00
City Margate	State FL	Zip Code 33063-7929
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation VP Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Robin Thornton MD</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AEB377342F74C49FCA34</b>
Mailing Address 9 Huntington Drive		Amount of Each Receipt this Period 41.67
City Burlington	State NJ	Zip Code 08016-9704
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Burlington Anesthesia Associates, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.35	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	141.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1420 Crownhill DR

City Arlington	State TX	Zip Code 76012-2816
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1136.35

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : A559DBFFF69804EAA84B**

Amount of Each Receipt this Period  
227.27

Payroll Deduction

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

Mailing Address 5459 S Krameria St

City Greenwood Village	State CO	Zip Code 80111-1426
---------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : AF89F6AD555394D40A0D**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**C. Susan F Townsend MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 14th St  
Unit 3710

City Denver	State CO	Zip Code 80202-3283
----------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group of Colorado, P	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : A6C89DF13CC8A46FDAF2**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	552.27
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Robert M Treadway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612-5240

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

Name of Employer American Anesthesiology of North Carol  
Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A57E6AF6E3E504347B06**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Johny Tryzmel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3765 Ne 209 Terrace

City Aventura State FL Zip Code 33180-3769

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A810D1990FB7542B7821**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**C. Gary A Twiggs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1600 SW 78th Ave  
1114

City Plantation State FL Zip Code 33324-3399

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

Name of Employer Pediatrix Medical Group, Inc.  
Occupation COO Eastern Division

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.35**

Date of Receipt **05 / 29 / 2015**

**Transaction ID : A7730B61757774BD0957**

Amount of Each Receipt this Period **416.67**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>566.67</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Julio Vallette MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 400 Normandy Dr  
City Indialantic State FL Zip Code 32903-4014  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Corp Med Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2500.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A0FC5993C1EF44338BD7**  
Amount of Each Receipt this Period: 500.00  
Payroll Deduction

**B. Alfonso Vargas MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 410 Starfire Causeway  
City Oldsmar State FL Zip Code 34677-4015  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Neonatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A48A1FCDE402A4BB795D**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**C. Dinh Vu MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3307 Mendenaro Court  
City Fallbrook State CA Zip Code 92028-8041  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Magella Medical Group, Inc. Occupation: Medical Director  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: 05 / 15 / 2015  
**Transaction ID : A55638C0461174EEDBEA**  
Amount of Each Receipt this Period: 25.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **625.00**  
**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 94 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dinh Vu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Mendenaro Court

City Fallbrook	State CA	Zip Code 92028-8041
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FEC ID number of contributing federal political committee. **C**

Name of Employer Magella Medical Group, Inc.	Occupation Medical Director
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		29		2015

**Transaction ID : AF50BA2BE2626475CB0B**

Amount of Each Receipt this Period  

250.00
--------

Payroll Deduction

**B. Karl B Wagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1476 Victoria Isle Dr

City Weston	State FL	Zip Code 33327-1325
----------------	-------------	------------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation President AA
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		07		2015

**Transaction ID : A02B6DE616E9B41AF9A8**

Amount of Each Receipt this Period  

5000.00
---------

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

Mailing Address 7960 Simonds Road NE

City Kenmore	State WA	Zip Code 98028
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FEC ID number of contributing federal political committee. **C**

Name of Employer Obstetrix Medical Group of Washington,	Occupation Practice Med DirPERI
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05		29		2015

**Transaction ID : ADACE487EDB584D96ABC**

Amount of Each Receipt this Period  

125.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5150.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Brian Walsh</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : AA8639FE4A4E1430BA59</b>
Mailing Address 5301 NW 2nd Ave 102		Amount of Each Receipt this Period 104.17
City Boca Raton	State FL	Zip Code 33487-3805
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 520.85	

Full Name (Last, First, Middle Initial) <b>B. Brian Walsh</b>		Date of Receipt MM / DD / YYYY 05 / 29 / 2015 <b>Transaction ID : AEFA71AED10384A67839</b>
Mailing Address 5301 NW 2nd Ave 102		Amount of Each Receipt this Period 104.17
City Boca Raton	State FL	Zip Code 33487-3805
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.02	

Full Name (Last, First, Middle Initial) <b>C. Mary Wearden MD</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2015 <b>Transaction ID : AB575059EFCAC4583AEE</b>
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78260-7747
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1800.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.34
<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 96 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22535 Lynridge  
City San Antonio State TX Zip Code 78260-7747  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2000.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A6B6EAA2F56FF4F0FA68**  
Amount of Each Receipt this Period: 200.00  
Payroll Deduction

**B. William Wegh DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1812 Funny Cide Ln  
City Waxhaw State NC Zip Code 28173-8288  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist Assoc  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A74E916CF0AA24417817**  
Amount of Each Receipt this Period: 75.00  
Payroll Deduction

**C. Mike Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11287 Crutchfields Ct  
City Glen Allen State VA Zip Code 23059-1830  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Critical Health Systems, Inc. Occupation: VP Revenue Cycle Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **900.00**

Date of Receipt: 05 / 15 / 2015  
**Transaction ID : A5E1810874BE649DE9FF**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**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 97 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11287 Crutchfields Ct

City State Zip Code  
Glen Allen VA 23059-1830

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2015  
**Transaction ID : A0B077A6C711E405EA8D**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316-3835

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2015  
**Transaction ID : A908795E2D1A64D35941**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316-3835

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 29 / 2015  
**Transaction ID : AED69812F848C446EAA6**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Janet G Wingkun MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1178 Breakers West Blvd  
 City West Palm Beach State FL Zip Code 33411-1884  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **416.70**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : A9D90DE06CB354747BA3**  
 Amount of Each Receipt this Period: **83.34**  
 Payroll Deduction

**B. Karen S Witte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Concord Terrace  
 City Sunrise State FL Zip Code 33323-2843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: Asst ControllerDISBMT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **225.00**

Date of Receipt: 05 / 15 / 2015  
**Transaction ID : AF924833F6892424D838**  
 Amount of Each Receipt this Period: **25.00**  
 Payroll Deduction

**C. Karen S Witte**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Concord Terrace  
 City Sunrise State FL Zip Code 33323-2843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: Asst ControllerDISBMT  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 29 / 2015  
**Transaction ID : AA135165068E64BBD89C**  
 Amount of Each Receipt this Period: **25.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **133.34**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 99 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Lydia N Wright MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3224 Shadow Court

City Wilmington State NC Zip Code 28409-2527

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

Name of Employer: Obstetrix Medical Group of Coastal Car  
Occupation: Medical Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.50**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **A2D26F87524E54041925**

Amount of Each Receipt this Period: **41.70**

Payroll Deduction

**B. Peter K Wu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Symphony Circle SW

City Vienna State VA Zip Code 22180-5960

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

Name of Employer: American Anesthesiology of Virginia, P  
Occupation: Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **A6AD1BD5CF13F4C0EA37**

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

Payroll Deduction

**C. David C Yarnall MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12519 Nathaniel Oaks Dr

City Oak Hill State VA Zip Code 20171-1732

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

Name of Employer: American Anesthesiology of Virginia, P  
Occupation: Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **05 / 29 / 2015**  
Transaction ID : **AC9E16413521C4E0DAA3**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **191.70**

**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 100 OF 107
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2301 Fireside Circle

City Reno State NV Zip Code 89509-3514

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : A65D1977C33894514921**

Amount of Each Receipt this Period 200.00

Payroll Deduction

**B. Karen J Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee Street Unit B

City Lakewood State CO Zip Code 80232-6254

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2015  
**Transaction ID : AEA4FF5361760429F82B**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**C. Karen J Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee Street Unit B

City Lakewood State CO Zip Code 80232-6254

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 29 / 2015  
**Transaction ID : AA51725E9AB7E4A479B6**

Amount of Each Receipt this Period 25.00

Payroll Deduction

<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 101 OF 107
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 21 Fontenay Circle

City Little Rock	State AR	Zip Code 72223-9569
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
05	/	29	/	2015

**Transaction ID : A75C504B0865546F994A**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	64962.74

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

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

FOR LINE NUMBER: PAGE 102 OF 107  
(check only one)

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

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

**A. Mednax, Inc**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Concord Ter  
City Sunrise State FL Zip Code 33323-2843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**653.62**

Date of Receipt  
**05 / 07 / 2015**  
**Transaction ID : AB3989AA7CD2B4B378FC**  
Amount of Each Receipt this Period  
**49.43**  
Reimbursement of April bank fees

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>49.43</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>49.43</b>

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank Fee

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  
05 / 15 / 2015

**Transaction ID : BB86CA3B54B5C49858C9**

Amount of Each Disbursement this Period

39.81

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

39.81

39.81

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Andy Harris For Congress**

Mailing Address P.O. Box 426

City State Zip Code  
Stevensville MD 21666-0426

Purpose of Disbursement  
Political Contribution - Primary 2016

Candidate Name  
**Rep. Andy P. Harris**

Office Sought:  House  Senate  President  
State: MD District: 01  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	1	5

**Transaction ID : B113E18E2E1334BA0AA6**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Joe Heck**

Mailing Address PO Box 750114

City State Zip Code  
Las Vegas NV 89136

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Joe J. Heck Jr.**

Office Sought:  House  Senate  President  
State: NV District: 03  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

**Transaction ID : B7EA49CD45BC14B3F8B8**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. PAT MEEHAN FOR CONGRESS**

Mailing Address 50 S. PROVIDENCE ROAD

City State Zip Code  
Media PA 19063-3531

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Patrick L. Meehan Jr.**

Office Sought:  House  Senate  President  
State: PA District: 07  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	9		2	0	1	5

**Transaction ID : B7E8811B1D2A4792BB3**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Colgan for Senate**

Mailing Address PO Box 1650

City Manassas State VA Zip Code 20108

Purpose of Disbursement  
VOID - Political Contribution dated 10/21/14- General 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : BDC45D2C6CCB847998B8**

Amount of Each Disbursement this Period

-500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Colorado Citizens Alliance**

Mailing Address PO Box 102766

City Denver State CO Zip Code 80250-2766

Purpose of Disbursement  
VOID - Political Contribution dated 1/5/15- 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District: Other2015

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : BFB33E4A08FB94639A2B**

Amount of Each Disbursement this Period

-2825.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Dance for Delegate**

Mailing Address P.O. Box 2584

City Petersburg State VA Zip Code 23804-2584

Purpose of Disbursement  
VOID - Political Contribution dated 10/21/14- General 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : B86A9CB6519DE4C7E9D1**

Amount of Each Disbursement this Period

-250.00

Category/  
Type

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

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

-3575.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Chris Stolle**

Mailing Address PO Box 5429

City Virginia Beach State VA Zip Code 23471

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : B99EE7F65A6D84F45B68**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Faber**

Mailing Address 7706 State Route 703

City Celina State OH Zip Code 45822-2923

Purpose of Disbursement  
VOID - POLITICAL CONTRIBUTION dated 2/27/15- PRIMARY 2016

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : BE0DCC72F3B194393B57**

Amount of Each Disbursement this Period

-1000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Scott Garrett**

Mailing Address 2255 langhorne Road

City Lynchburg State VA Zip Code 24501-1117

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 13 / 2015

**Transaction ID : BB10D78E49DF44A69BA1**

Amount of Each Disbursement this Period

1000.00

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

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

500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. O'Bannon for Delegate**

Mailing Address PO Box 70365

City State Zip Code  
Henrico VA 23255-0365

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : B25D2AC2F16124342982**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Ruff for Senate**

Mailing Address PO Box 332

City State Zip Code  
Clarksville VA 23927

Purpose of Disbursement  
Political Contribution- General 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

**Transaction ID : B26CEAB59BDC0468DAFE**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Treasure Coast Alliance**

Mailing Address 5730 Corporate Way  
Suite 214

City State Zip Code  
West Palm Beach FL 33407-2032

Purpose of Disbursement  
Political Contribution- 2015

Candidate Name

Office Sought:  House  
 Senate  
 President

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

State: District:

Date of Disbursement

/  /

**Transaction ID : BC1DEBB037A63427D96B**

Amount of Each Disbursement this Period

Category/  
Type

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

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