

SCHEDULE A (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)..... ▶