

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**  
**MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE**

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

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

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

5. Covering Period  M M M /  D D D /  Y Y Y Y Y Y Y Y through  M M M /  D D D /  Y Y Y Y Y Y Y Y  
**11** / **01** / **2017** through **11** / **30** / **2017**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Patz, Darren, , ,**

Signature of Treasurer **Patz, Darren, , ,** [Electronically Filed] Date  M M M /  D D D /  Y Y Y Y Y Y Y Y  
**12** / **06** / **2017**

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>		558855.80
(b) Cash on Hand at Beginning of Reporting Period.....	727819.26	
(c) Total Receipts (from Line 19) .....	26244.83	551644.58
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	754064.09	1110500.38
7. Total Disbursements (from Line 31).....	81844.38	438280.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	672219.71	672219.71
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. 05/2016)

Write or Type Committee Name

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

Report Covering the Period: From: M M / D D / Y Y Y Y Y 11 / 01 / 2017 To: M M / D D / Y Y Y Y Y 11 / 30 / 2017

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	26048.50	496688.73
(ii) Unitemized .....	147.67	54219.70
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	26196.17	550908.43
(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) .....	26196.17	550908.43
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).....	48.66	736.15
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)).....▶	26244.83	551644.58
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	26244.83	551644.58

**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 .....	44.39	714.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44.39	714.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	154500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1241.66
(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	1241.66
29. Other Disbursements (Including Non-Federal Donations).....	72299.99	281824.99
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	81844.38	438280.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	81844.38	438280.67

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	26196.17	550908.43
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	1241.66
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	26196.17	549666.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	44.39	714.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	48.66	736.15
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	- 4.27	- 22.13

**SCHEDULE A (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 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Goldschmidt, Pascal, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 NW 14th St  
 Ste 360  
 City Miami State FL Zip Code 33136-2107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Leonard M. Miller School of Medicine a Occupation (for Individual) Senior Vice President for Medical Affa  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 11 / 06 / 2017  
**Transaction ID : A88EA1D9586AF4AB6802**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

**B. Fernandez, Miguel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 121 Alhambra Plz  
 Ste 1100  
 City Coral Gables State FL Zip Code 33134-4522  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax, Inc. Occupation (for Individual) Director, Mednax, Inc. Board O  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 11 / 06 / 2017  
**Transaction ID : AF6FF882FDFDA4687BF5**  
 Amount of Each Receipt this Period  
 1250.00  
 Memo Item

**C. Vijayamadhavan, Vivek, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 127 Candelaria  
 City Helotes State TX Zip Code 78023-4711  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 11 / 15 / 2017  
**Transaction ID : A6A96ACB47356475C890**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2525.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 130
<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. Devine, Matthew, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2902 Needham Ct  
 City Delray Beach State FL Zip Code 33445-7141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) President Radiology Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A491E8F4BA4DE453988E**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**B. Shakar, Robert, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 933 Rabbit Run  
 City Wilmington State NC Zip Code 28409-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AFFA29BBB445E4CAD9D2**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Henry, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5465 Wiles Rd Apt 204  
 City Coconut Creek State FL Zip Code 33073-4248  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Compliance  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC0575EE730284D60AA4**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 130
	<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. Granberry, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 NW 120th Dr  
 City Parkland State FL Zip Code 33076-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) COO RCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AA2FBC57350664E21B89**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

**B. Smith, Tony, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 Allemania Dr  
 City New Braunfels State TX Zip Code 78132-5185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ABAE13A042A5F4E72888**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**C. Muller, Thys, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17521 Hawkwatch Ln  
 City Charlotte State NC Zip Code 28278-0082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ADF6F2A71AAD54A4FBCF**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	126.67
<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 9 OF 130
	<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. Campbell, Andrew Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 423 S Westridge Cir  
 City Anaheim State CA Zip Code 92807-3722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir RCM CBO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A6BEC608B31024FD4BCC**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

**B. Moore, Mary Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 550 SE Mizner Blvd Apt B407  
 City Boca Raton State FL Zip Code 33432-5585  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Chief Legal Officer MNMG  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.06

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A886F35B66C4A4A69A4A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**C. Kaspar, Debra, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11404 Fieldstone Ln  
 City Reston State VA Zip Code 20191-3919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3062.43

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A3263316A752D4B6793F**  
 Amount of Each Receipt this Period 145.83  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	247.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 130
<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. Aaron, Amy, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 Bluff Springs Rd  
 City Ft Worth State TX Zip Code 76108-7600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A529CC82B07E943699F9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Uttley, Randall, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 921 W Georgia Ave Apt 1091  
 City Phoenix State AZ Zip Code 85013-1929  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A55910133541A410891F**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Beaumont, Lane, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1930 Hickory Pl  
 City Monteagle State TN Zip Code 37356-6000  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Tennessee, Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A8C58D85B9E6E470DB14**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 50.00  
**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 130
<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. Chipley, Paul, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Channel Dr N

City Wrightsville Beach	State NC	Zip Code 28480-2722
----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : ADD3CD301A0574625A34**

Amount of Each Receipt this Period  
10.00

Memo Item  
Payroll Deduction

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

Mailing Address 2614 Mimosa Pl

City Wilmington	State NC	Zip Code 28403-4024
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : A2E001E207A834EF2B48**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction

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

Mailing Address 2751 NE 48th Ct

City Lighthouse Point	State FL	Zip Code 33064-7940
--------------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Div CFO
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
2187.57

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : A48D0BFFDEC644C8DAAF**

Amount of Each Receipt this Period  
104.17

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	139.17
<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 12 OF 130
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

**A. Powers, George, C, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 109 Sequoia Dr

City San Antonio	State TX	Zip Code 78232-2216
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : A23049486B8C14675AEF**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

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

Mailing Address 302 W Lynwood Ave

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AE54A3B4A3C6345359A0**

Amount of Each Receipt this Period  
200.00

Memo Item  
 Payroll Deduction

**c. Schwendeman, Clair, A, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 17616 Ivy Hill Dr

City Dallas	State TX	Zip Code 75287-7561
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AD9C55B02A9CE4C90887**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 130
	<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. Saunders, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12932 Pine Meadows Ln  
 City Knoxville State TN Zip Code 37934-4456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt  
 11 / 15 / 2017  
**Transaction ID : AE2389C3AB2984420878**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Catland, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12819 Gypsophila  
 City San Antonio State TX Zip Code 78253-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 11 / 15 / 2017  
**Transaction ID : A4BD076EB8770472AB00**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Biela, Timothy, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Devon Wood  
 City San Antonio State TX Zip Code 78257-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 945.00

Date of Receipt  
 11 / 15 / 2017  
**Transaction ID : AD9A9A3BF89CE40309E7**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	75.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 130
	<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. Stones, Julia, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6541 NE 20th Ter  
 City Ft Lauderdale State FL Zip Code 33308-1017  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1785.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A4F11E720142E40FC9C1**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Payroll Deduction

**B. Vu, Dinh, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3307 Mendenaro Ct  
 City Fallbrook State CA Zip Code 92028-8041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Magella Medical Group, Inc. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A9F02B23313214A6AA5F**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Poole, Arnold, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12149 Huske Rd  
 City Stony Creek State VA Zip Code 23882-3026  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AE0E03573841343BC821**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	318.33
<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 15 OF 130
	<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. Ramos, Susanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5603 Timber Bark  
 City San Antonio State TX Zip Code 78250-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A64FEC7EFA5EE4B55AA**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Black, Jenna, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 Sea Manor Dr  
 City Surf City State NC Zip Code 28445-6636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southeast Anesthesiology Consultants, Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 334.40

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AFA611580742245838F6**  
 Amount of Each Receipt this Period 16.72  
 Memo Item  
 Payroll Deduction

**C. Zugarramurdi, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10854 SW 88th St Apt 418  
 City Miami State FL Zip Code 33176-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Mgr Insurance Program  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AFBA533B0F29E4ECEBFF**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 44.22  
**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 130
<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. Isenberg, Amy, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5506 Captains Ln  
 City Wilmington State NC Zip Code 28409-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A730D5CA420D94AC8AEE**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Hebert, Ronald, K, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SW 10th St  
 City Fort Lauderdale State FL Zip Code 33315-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC540CC5B68584EA8A69**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**C. Grossmann, Samuel, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Forrest Park Cir  
 City Franklin State TN Zip Code 37064-8938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir Gov't Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2549.84

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A3DAFE689933A44B5B96**  
 Amount of Each Receipt this Period 121.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	183.09
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 130
	<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. Gonzalez, Mario, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2631 NE 14th Ave  
 Apt 203  
 City Wilton Manors State FL Zip Code 33334-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Div VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A73F2A30A50DC40D99B4**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Wearden, Mary, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22535 Lynridge Dr  
 City San Antonio State TX Zip Code 78260-7747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4200.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A2DB47BC3500E4DB5B9E**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction

**C. Barton, Andrew Charles, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Wood Cove Rd  
 City Wilmington State NC Zip Code 28409-0504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A50E35C699407435D8D9**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<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 18 OF 130
	<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. Liberto, Jacquelyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2543 Jardin Ter  
 City Weston State FL Zip Code 33327-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Portfolio Strat & Dev  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A2629D230A5574DC4AA9**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Payroll Deduction

**B. Peterson, Cobern, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Grey Leaf Dr  
 City Wilmington State NC Zip Code 28409-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A7C778B01F87E4F29A3A**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Ahmad, Kaashif, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11814 Elmscourt  
 City San Antonio State TX Zip Code 78230-2767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A8C896FCB48864D7DA59**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	92.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
<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. Hawk, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1542 SE 13th St  
 City Ft Lauderdale State FL Zip Code 33316-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) President Ambulatory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4812.57

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A95B0E2B0BB8C4916A72**  
 Amount of Each Receipt this Period 229.17  
 Memo Item  
 Payroll Deduction

**B. Osborne, Carey, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4095 NW 24th Ave  
 City Boca Raton State FL Zip Code 33431-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Clinical Staffing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1260.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A23BBD67B82AA4EF5AAC**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

**C. Jenkins, Peggy, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9432 Green Terrace Dr  
 City Dallas State TX Zip Code 75220-5138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr HR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC8F78E13B3654984BBC**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	309.17
<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 20 OF 130
	<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. Doise, Rebecca, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Emergent and Critical Care S Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A789CD77603914CE28DE**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Handler, Darren, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4116 Pine Ridge Ln  
 City Weston State FL Zip Code 33331-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Dir Data Warehousing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A141F2A7C23D24F1BBD8**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. HeathPowell, Rita, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Robin Hill Ln  
 City Carrollton State TX Zip Code 75007-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Sr Analyst Financial  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AECFDDD2CBCF9469AA6E**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	47.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Long, WM, , , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 Seminole Ave  
 City Ft Lauderdale State FL Zip Code 33312-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A0A9922FFFBB44DE6A50**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Case, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3585 S Highway 281  
 City Mineral Wells State TX Zip Code 76067-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A64BFDD798AF244649E0**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Zimmerman, Karen, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1799 S Lee St Apt B  
 City Lakewood State CO Zip Code 80232-6254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) Perinatal Nurse Practitioner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AB8A08A2F32E24E66871**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 67.50  
**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 22 OF 130
	<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. Meyer, Elizabeth, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8506 Conover PI  
 City Alexandria State VA Zip Code 22308-2042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A7393A82BB5D944CD8EB**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Dixon, Christopher, A, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Edgewater Ln  
 City Wilmington State NC Zip Code 28403-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A1C6236BAE6CA4CC58FE**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Jimenez, Jill, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 SW 32nd St  
 City Davie State FL Zip Code 33330-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 462.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A1489311406464AA1A8C**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	37.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 130
	<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. Rosenberg, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7366 NW 108th Way  
 City Parkland State FL Zip Code 33076-1860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Training & Dev't  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 630.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A1EAA93AE540F4AF9B9C**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Lubanski, Robert, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6415 Hawks Bill Dr  
 City Wilmington State NC Zip Code 28409-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ADF98ACDD99FF4D03B5E**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Henderson, Cody, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14 Devon Wood  
 City San Antonio State TX Zip Code 78257-1209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AB7F4831353C447AF972**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 130
	<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. Williams, Mike, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12151 Old Sawmill Ln

City Ashland	State VA	Zip Code 23005-7559
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir II Operations
--	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AFAE5D3EE84544D16A4F**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

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

Mailing Address 917 Rabbit Run

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
351.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AD2390D646A0E4D319F7**

Amount of Each Receipt this Period  
16.72

Memo Item  
 Payroll Deduction

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

Mailing Address 1192 Skylark Dr

City Weston	State FL	Zip Code 33327-2385
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Sr Regional Counsel
--	--

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AC0E8371B467141FEA9D**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	216.72
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 130
	<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. Arredondo, Eddie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1827 Magliano Dr  
 City Boynton Beach State FL Zip Code 33436-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Auditor RCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A5F0BBFB755D8485A8AA**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Cook, Elizabeth, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7736 Norwich Rd  
 City Powell State TN Zip Code 37849-4600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Tennessee, Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A481CA1BEC228408EBD5**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**C. McCrea, William, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5100 Chanticleer Ct  
 City Wilmington State NC Zip Code 28409-3302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 595.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A2DEEF6DA8055489CA3B**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 130
	<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. Cox, Frances, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 Rosemary Holw  
 City Buda State TX Zip Code 78610-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Reg Mgr HS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A68E849C7CA264E18960**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Nelson, Jean, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5212 Masonboro Harbour Dr  
 City Wilmington State NC Zip Code 28409-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC1AD3321A2804E92AE0**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Roberts, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4974 Akron St Unit 301  
 City Denver State CO Zip Code 80238-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A9EE3A565982C4F6ABC9**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	57.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<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. Turner, Vicky, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8340 Black Olive Dr  
 Apt 202  
 City Tamarac State FL Zip Code 33321-2734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP AdvPr Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A6DFA3893536148A19F0**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Breed, David, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1310 S College St  
 City Georgetown State TX Zip Code 78626-7020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A1DA913C2C4C24F92A06**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Rider, Evelyn, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Meadowlark Rdg  
 City Great Falls State MT Zip Code 59405-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Neonatology Associates, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AE3A1E2969F944D038EF**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<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. Bunker, Noah, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hedge Ln  
 City Austin State TX Zip Code 78746-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A6B1D26C583CF4DEBAF6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Altamirano, Nydia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10230 SW 133rd Ct  
 City Miami State FL Zip Code 33186-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Office Based Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A494567E78463455F8C3**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Thomas, Janice, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2810 SW 87th Ave Apt 913  
 City Davie State FL Zip Code 33328-6620  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ABF57729FCD9D4E82ACE**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**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 130
	<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. Hinson, Roger Mack, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8320 84th Ave SE  
 City Mercer Island State WA Zip Code 98040-5648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1218.75

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AA373A6B58BBD46CAA59**  
 Amount of Each Receipt this Period 93.75  
 Memo Item  
 Payroll Deduction

**B. McDuffie, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Odessa Dr  
 City Magnolia State TX Zip Code 77354-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Family Nurse Pract  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AE10D7A74A13A4DFDBC9**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Ames, Michael, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1299 Walnut Ter  
 City Boca Raton State FL Zip Code 33486-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir MSO Strat Project  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A153E418C60884F3CBAF**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	168.75
<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 130
	<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. Gang, Barclay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 763 NE 74th St  
 City Miami State FL Zip Code 33138-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875.07

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A820B44CBC4A74770A98**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**B. Bean, Virgil, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 Williams Rd  
 City Wilmington State NC Zip Code 28409-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A72A6FD00E94143ABB97**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Yandle, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11918 First Branch Ct  
 City Chesterfield State VA Zip Code 23838-5600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC217849D7EBE4C5D9A8**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.67
<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 31 OF 130
<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. McCulloch, Harlan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17708 Mesa Range Dr  
 City Cornelius State NC Zip Code 28031-8769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist EH  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A30DC630FE25F46BBA58**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**B. Benoit, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13830 SW 33rd Ct  
 City Davie State FL Zip Code 33330-4688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A3E828B7C23FF4291984**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Fair, Claire, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3353 Emerald Oaks Dr # 102  
 City Hollywood State FL Zip Code 33021-8434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AA776E38A167E4D139F3**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	303.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 130
	<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. Wilson, Bonnie, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2100 S Ocean Dr  
Blv

City Fort Lauderdale State FL Zip Code 33316-3858

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Associate General Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2625.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : A203D12AA0E594020B33**

Amount of Each Receipt this Period  
125.00

Memo Item  
 Payroll Deduction

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

Mailing Address 7603 NW 113th Ave

City Parkland State FL Zip Code 33076-4776

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
525.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : A8B2DDE7CCCA443709DD**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 21862 Shenandoah Dr

City Lake Forest State CA Zip Code 92630-5740

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : A8FF50F702F754651933**

Amount of Each Receipt this Period  
25.00

Memo Item  
 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 33 OF 130
<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. Parris, Mark, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8793 E Chama Rd  
 Apt 409  
 City Scottsdale State AZ Zip Code 85255-2889  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AFD15BD095DB048B4865**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Payroll Deduction

**B. Ramsay, Patricia, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2581 Luberon Dr  
 City Henderson State NV Zip Code 89044-0362  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AD98951C367D84E79B4A**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. Hughes, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2620 NW Lookout Rdg  
 City Lees Summit State MO Zip Code 64081-1829  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AEDE15CB0B6634F8E833**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	137.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 130
	<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. Jacobowitz, Marc, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9767 Parkview Ave

City Boca Raton	State FL	Zip Code 33428-2920
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir Accounting Tax
--	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : AC0309697B14C4895B75**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address PO Box 127

City Waitsfield	State VT	Zip Code 05673-0127
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group Neonatology an	Occupation (for Individual) Neonatologist
---	--

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : A42DA65AF7DE5419ABC9**

Amount of Each Receipt this Period  
50.00

Memo Item  
 Payroll Deduction

**C. O'Hara, Kathleen, S, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 760 Azalea Ct

City Plantation	State FL	Zip Code 33317-1804
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir Coding
--	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
1050.00

Date of Receipt  
11 / 15 / 2017  
**Transaction ID : A1F334B7225824306BDE**

Amount of Each Receipt this Period  
50.00

Memo Item  
 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 35 OF 130
	<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. Egalka, Matthew, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18110 Branson Fls # 12511  
 City San Antonio State TX Zip Code 78255-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ACB1338E9E73943A2B75**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Manno, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1257 Ginger Cir  
 City Weston State FL Zip Code 33326-3630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Sr Dir Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2975.07

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A4950381807804DF0838**  
 Amount of Each Receipt this Period 141.67  
 Memo Item  
 Payroll Deduction

**C. Holmes, Sandee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Yates Springs Rd  
 City Ringgold State GA Zip Code 30736-7727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AC757E3DB3D9D4AD0870**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	166.67
<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 36 OF 130
<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. GarzaCox, Sanjuanita, , MD**

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

Mailing Address 30 Royal Hts

City San Antonio	State TX	Zip Code 78257-1680
---------------------	-------------	------------------------

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

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

Aggregate Year-to-Date ▼  
4374.93

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : A30977277EAF44024805**

Amount of Each Receipt this Period  
208.33

Memo Item  
Payroll Deduction

**B. Leamy, Vicki, , ,**

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

Mailing Address 2523 Sheep Creek Rd

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

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir Adv Practitioners
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1312.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : AE23F9B8659E8410292D**

Amount of Each Receipt this Period  
62.50

Memo Item  
Payroll Deduction

**C. Fincher, Jill, A, ,**

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

Mailing Address 4690 Los Rancheros Ave

City Las Vegas	State NV	Zip Code 89129-1814
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2017

**Transaction ID : A56C8C80BF4F64A2D8BF**

Amount of Each Receipt this Period  
10.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	280.83
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 37 OF 130
<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. Pastorello, Michelle, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 Rietz Canyon St  
 City Las Vegas State NV Zip Code 89131-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A929F37FC9B854271984**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Bowers, Susan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5121 Remington Dr  
 City Alexandria State VA Zip Code 22309-3339  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, P.C. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A01A1B5BFA94041E2B9A**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**C. Hall, Gregory, G, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5200 Masonboro Harbour Dr  
 City Wilmington State NC Zip Code 28409-4156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A26F4B112ABE64253857**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 130
	<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. Patz, Darren, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 N Dawson St  
 City Thomasville State GA Zip Code 31792-4454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4374.93

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A228143846D8846BF81A**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**B. Katris, Mark, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Bethel Blvd  
 City Boca Raton State FL Zip Code 33486-3105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr AviationChief Pilot  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1575.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A8C9C079F75834023946**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. Montague, Melissa, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5415 Hickory Ann Dr  
 City Glen Allen State VA Zip Code 23059-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1995.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A3BD080A281564BFD8D9**  
 Amount of Each Receipt this Period 95.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	378.33
<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 39 OF 130
	<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. Dyer, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 Scrapeshin Trl  
 Apt 107  
 City Chattanooga State TN Zip Code 37421-4289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ACFAD397F716D406A8C8**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Peck, Joshua, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1319 SW 5th Ave  
 # 904  
 City Boca Raton State FL Zip Code 33432-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A6D043E5D286C493897F**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. Prokofieva, Julia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4020 Galt Ocean Dr  
 Apt 511  
 City Fort Lauderdale State FL Zip Code 33308-6527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Dir Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A26402BBDA108468FAAD**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	82.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 130
<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. Hahn, Charles, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6317 Shinn Creek Ln  
 City Wilmington State NC Zip Code 28409-2152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A3E39531FEC4D446F9E0**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Houy, Jean, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7552 N Shores Dr  
 City Navarre State FL Zip Code 32566-8435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A0C224458082D468995C**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Romagnoli, Louis, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7730 Hanahan Pl  
 City Lake Worth State FL Zip Code 33467-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir Benefits  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1200.06

Date of Receipt 11 / 15 / 2017  
**Transaction ID : ACFDE823C27A340CA86C**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.67
<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 41 OF 130
	<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. Lawson, Garth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21560 Coronado Ave  
 City Boca Raton State FL Zip Code 33433-7539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir III Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 262.50

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A1ABDD097F308472C94C**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Siadman, Jonathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3601 NE 25th Ave  
 City Fort Lauderdale State FL Zip Code 33308-6301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 15 / 2017  
**Transaction ID : AEFCEB7D9AE91C47A3A0E**  
 Amount of Each Receipt this Period 6.24  
 Memo Item  
 Payroll Deduction

**C. Nonoy, Nathaniel, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 S 2nd St  
 City Wilmington State NC Zip Code 28401-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 351.12

Date of Receipt 11 / 15 / 2017  
**Transaction ID : A965AFDE1DFD94EEB895**  
 Amount of Each Receipt this Period 16.72  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	35.46
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 130
	<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. Aune, Christine, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15814 Seekers St  
 City San Antonio State TX Zip Code 78255-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2017  
**Transaction ID : A186F7A7199474F8DB8E**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**B. Aune, Christine, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15814 Seekers St  
 City San Antonio State TX Zip Code 78255-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A020FFCB834B544D8A5C**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**C. Liu, William, F, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9009 Ligon Ct  
 City Fort Myers State FL Zip Code 33908-3602  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AAD8268D1C650411DAAB**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 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 43 OF 130
<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. Romagnoli, Louis, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7730 Hanahan Pl  
 City Lake Worth State FL Zip Code 33467-7720  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir Benefits  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1241.73

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ACC59BD514F694C018E8**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**B. Nonoy, Nathaniel, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 317 S 2nd St  
 City Wilmington State NC Zip Code 28401-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.84

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A1FB12882B29242C183D**  
 Amount of Each Receipt this Period 16.72  
 Memo Item  
 Payroll Deduction

**C. Patt, Hanoch, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3005 Scenic Dr  
 City Austin State TX Zip Code 78703-1057  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8CEAD26F96A44E6EB34**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.06
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 130
<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. Lawson, Garth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21560 Coronado Ave  
 City Boca Raton State FL Zip Code 33433-7539  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir III Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A7149E2A4D2C9491CBA8**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Villano, Kathryn, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4248 Morena Ln  
 City Jacksonville State FL Zip Code 32207-6202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Medical Director MFM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ACEFE9AD260D24AB9852**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Houy, Jean, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7552 N Shores Dr  
 City Navarre State FL Zip Code 32566-8435  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD4F0AD8886714FCB24**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	52.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 130
<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. Lee, Jonathan, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1806 Intervail Dr

City Austin	State TX	Zip Code 78746-7629
----------------	-------------	------------------------

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

Name of Employer (for Individual) American Anesthesiology of Texas, Inc.	Occupation (for Individual) Anesthesiologist
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A598652EFC1E54EC6897**

Amount of Each Receipt this Period  
50.00

Memo Item  
 Payroll Deduction

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

Mailing Address 6317 Shinn Creek Ln

City Wilmington	State NC	Zip Code 28409-2152
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A90C6614A8FD34DEA9E7**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 4020 Galt Ocean Dr  
Apt 511

City Fort Lauderdale	State FL	Zip Code 33308-6527
-------------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir Bus Dev Internal
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A0C9DAB5CC2AD471E8DC**

Amount of Each Receipt this Period  
12.50

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	87.50
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 130
<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b
<input type="checkbox"/>	13	<input type="checkbox"/>	14
<input type="checkbox"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<input type="checkbox"/>		<input type="checkbox"/>	17

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

**A. Balsler, Jeffrey, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1532 Westover Ln

City Chattanooga	State TN	Zip Code 37405-2149
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A64C3B9864DBE44088BD**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 16775 NW 20th St

City Pembroke Pines	State FL	Zip Code 33028-2013
------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A5C15A7879AAA4ABF88E**

Amount of Each Receipt this Period  
250.00

Memo Item  
 Payroll Deduction

**C. Wimmer JR, John, E, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 124 S Mendenhall St

City Greensboro	State NC	Zip Code 27403-1809
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of North Carol	Occupation (for Individual) Corp Med Dir
---	---

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : ACC39F434BCFB45B9ABC**

Amount of Each Receipt this Period  
25.00

Memo Item  
 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 47 OF 130
	<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. Otero, Eduardo, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7400 SW 66th St  
 City South Miami State FL Zip Code 33143-2807  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF1F27C4E8CB04A33B85**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Anderson, Jennifer, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Rancho Guadalupe Trl NW  
 City Albuquerque State NM Zip Code 87107-6529  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of New Mexico, Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A7B28C8F865B847ED96F**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. Dyer, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7710 Scrapeshin Trl Apt 107  
 City Chattanooga State TN Zip Code 37421-4289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Tennessee, Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A89654B46D2E84CBF83D**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	145.00
<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 48 OF 130
<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. Rabenstein, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 15007 Cancun Pl  
 City Tampa State FL Zip Code 33618-1919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A55E380B1B93A4425B70**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AFC3FC3A63B91420BBBE**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Cascio, Martin, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1 Libera Ct  
 City Rhinebeck State NY Zip Code 12572-2623  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of New York Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A0E82012C46CE42B3B9B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 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 49 OF 130
	<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. Peck, Joshua, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1319 SW 5th Ave # 904  
 City Boca Raton State FL Zip Code 33432-7146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8A3ABE7B5E2F49769CC**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Montague, Melissa, P, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5415 Hickory Ann Dr  
 City Glen Allen State VA Zip Code 23059-5907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2090.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A38C0EC578CFD420990A**  
 Amount of Each Receipt this Period 95.00  
 Memo Item  
 Payroll Deduction

**C. Naglie, Ronald, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 25135 Stageline Dr  
 City Laguna Hills State CA Zip Code 92653-5883  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of California, Occupation (for Individual) Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A15F1E9A56C9446148A6**  
 Amount of Each Receipt this Period 150.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	295.00
<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 50 OF 130
<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. Moscoso, Pedro, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1546 SE 10th St  
 City Deerfield Beach State FL Zip Code 33441-7165  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A863FC69E950E4C3D8F2**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Walker, Martin, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7960 NE 170th St  
 City Kenmore State WA Zip Code 98028-3927  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Washington, Practice Med Dir MFM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : ACF222EEF6650421480B**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

**C. Katris, Mark, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2255 Bethel Blvd  
 City Boca Raton State FL Zip Code 33486-3105  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Mgr AviationChief Pilot  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1650.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AFD5EE13B8AF045FFB29**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 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 51 OF 130
	<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. Hall, Gregory, G, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5200 Masonboro Harbour Dr

City Wilmington	State NC	Zip Code 28409-4156
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : AD3B8E716E5754B9B8F4**

Amount of Each Receipt this Period  
10.00

Memo Item  
 Payroll Deduction

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

Mailing Address 5121 Remington Dr

City Alexandria	State VA	Zip Code 22309-3339
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group, P.C.	Occupation (for Individual) NNP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : AF835435CDF074E56BAF**

Amount of Each Receipt this Period  
10.00

Memo Item  
 Payroll Deduction

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

Mailing Address 817 N Dawson St

City Thomasville	State GA	Zip Code 31792-4454
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4583.26

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A88E80CA90738498F814**

Amount of Each Receipt this Period  
208.33

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	228.33
<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 52 OF 130
<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. Caplan, William, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7207 Edloe St  
 City Houston State TX Zip Code 77025-1901  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A8AC5E8B18CD94CF3BF5**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction

**B. Schwartz, Jonathan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3740 Saltmeadow Ct S  
 City Jacksonville State FL Zip Code 32224-9652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A789D6E41ECFE4C949EF**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 Payroll Deduction

**c. StrandSmart, Cynthia, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7490 Rough Rock Dr  
 City Reno State NV Zip Code 89502-7617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pokroy Medical Group of Nevada, Ltd. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AAE2BA6F1BC794F148AF**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 130
	<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. Franklin, Richard, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2207 Peninsula Ave  
 City Shelby State NC Zip Code 28150-9609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD7A273A0B81E47F7AD1**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Payroll Deduction

**B. Pastorello, Michelle, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7333 Rietz Canyon St  
 City Las Vegas State NV Zip Code 89131-2652  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A11860077AD2140F2858**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**C. Fincher, Jill, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4690 Los Rancheros Ave  
 City Las Vegas State NV Zip Code 89129-1814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A88E99F4B753E44A7B8B**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 110.00  
**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 54 OF 130
	<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. Leamy, Vicki, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2523 Sheep Creek Rd  
 City Bedford State VA Zip Code 24523-5891  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8CE240F73092450AA41**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Payroll Deduction

**B. Bryant, Robert, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12717 W Sunrise Blvd # 256  
 City Sunrise State FL Zip Code 33323-0902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) SVP & CIO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD27BF1DD2D4A4FC6BC5**  
 Amount of Each Receipt this Period 416.66  
 Memo Item  
 Payroll Deduction

**C. Shah, Lalit, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2840 NE 36th St  
 City Ft Lauderdale State FL Zip Code 33308-5818  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A7A5436AF6BFF4D1B9B2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	529.16
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 130
	<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. Friedman, Michael, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 294 Iven Ave  
Apt 2B

City Wayne State PA Zip Code 19087-4904

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **916.63**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A0A1BDA07846249A1854**

Amount of Each Receipt this Period **83.33**

Memo Item  
 Payroll Deduction

**B. De Regt, Roberta, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10930 250th Ave NE

City Redmond State WA Zip Code 98053-6236

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

Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Washington, MFM Specialist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A22215365B67548CC8E0**

Amount of Each Receipt this Period **100.00**

Memo Item  
 Payroll Deduction

**c. GarzaCox, Sanjuanita, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 30 Royal Hts

City San Antonio State TX Zip Code 78257-1680

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

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

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **4583.26**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A594F0BA1B68C43D7B5A**

Amount of Each Receipt this Period **208.33**

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>391.66</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 130
<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. Holmes, Sandee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 428 Yates Springs Rd  
 City Ringgold State GA Zip Code 30736-7727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 237.50

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ABADCA36FFC414917888**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

**B. Paris, Glen, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Rolling Hill Dr  
 City Chatham State NJ Zip Code 07928-1609  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Summit Anesthesia PA Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8F113926694C4303915**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction

**C. Ganti, Suryaprakash, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 130 Old Stirling Rd  
 City Warren State NJ Zip Code 07059-5830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 AA of NJ PC Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A0E71EDE3C637453C8DF**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	220.83
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 130
<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. Cook, Elizabeth, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7736 Norwich Rd  
 City Powell State TN Zip Code 37849-4600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Tennessee, NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 880.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A623CD8D037524B18A6C**  
 Amount of Each Receipt this Period 40.00  
 Memo Item  
 Payroll Deduction

**B. Manno, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1257 Ginger Cir  
 City Weston State FL Zip Code 33326-3630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Sr Dir Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3116.74

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AD800F8AEA71349E6B6D**  
 Amount of Each Receipt this Period 141.67  
 Memo Item  
 Payroll Deduction

**C. Egalka, Matthew, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 18110 Branson Fls # 12511  
 City San Antonio State TX Zip Code 78255-3327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A8ADEFFA558774F9F8D2**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	194.17
<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 58 OF 130
	<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. Isenberg, Amy, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5506 Captains Ln  
 City Wilmington State NC Zip Code 28409-3604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ACE2A85D3DC864AA68C9**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Iaconetti, Dominick, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 386 Nichols Run Ct  
 City Great Falls State VA Zip Code 22066-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Corp Med Dir ANES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A06EC49748EF541CF86E**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction

**C. Dotzler, Susan, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1203 Ashbury Bay  
 City San Antonio State TX Zip Code 78258-3842  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF9B7D80BB3FC4CC89DF**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	203.33
<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 59 OF 130
	<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. O'Hara, Kathleen, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 760 Azalea Ct  
 City Plantation State FL Zip Code 33317-1804  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Coding  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A18BAD831FE3D4CC7AC1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Carr, Barbara, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 14116 Fontana St  
 City Leawood State KS Zip Code 66224-1155  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Kansas, P.A. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AB649BC5AE2D4497AB91**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Jacobowitz, Marc, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9767 Parkview Ave  
 City Boca Raton State FL Zip Code 33428-2920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Accounting Tax  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A83AB4EFEEAA7743C68A7**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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 60 OF 130
<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. Hughes, John, C, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2620 NW Lookout Rdg

City Lees Summit	State MO	Zip Code 64081-1829
---------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir Operations
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
475.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A91F488A4520644DDB8C**

Amount of Each Receipt this Period  
25.00

Memo Item  
Payroll Deduction

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

Mailing Address 2581 Luberon Dr

City Henderson	State NV	Zip Code 89044-0362
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A870DBC19264948BDB3D**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll Deduction

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

Mailing Address 6226 S Fairfax Ct

City Centennial	State CO	Zip Code 80121-3418
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : AA8D7369EF0454449AF5**

Amount of Each Receipt this Period  
20.00

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	95.00
<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 61 OF 130
	<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. Wu, Peter, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 908 Symphony Cir SW  
 City Vienna State VA Zip Code 22180-5960  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A58A9599DBE50433882**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Rossi, Kasandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7603 NW 113th Ave  
 City Parkland State FL Zip Code 33076-4776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir Fin RptgAsstTres  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A4801F1454FDD49F3891**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Pitera, Richard, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 89 Undercliff Rd  
 City Montclair State NJ Zip Code 07042-1616  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) AA of NJ PC Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A373F51C30D5249738B9**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 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 62 OF 130
<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. Brock, Brigit, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 NE 62nd St  
 City Seattle State WA Zip Code 98115-6534  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Washington, MFM Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE89432C25E2849AAAB6**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Salama, David, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 16741 One Hundred Norman Pl  
 City Cornelius State NC Zip Code 28031-8679  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ADEB6EE774AF141B9943**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. Dewan, Brian, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4500 Cat Mountain Dr  
 City Austin State TX Zip Code 78731-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of Texas, Inc. Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A02836F5D0F524985B8A**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 130
	<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. Wilson, Bonnie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2100 S Ocean Dr  
 Blv  
 City Fort Lauderdale State FL Zip Code 33316-3858  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Associate General Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2750.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A9710A3477F4A400A832**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

**B. Fair, Claire, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3353 Emerald Oaks Dr  
 # 102  
 City Hollywood State FL Zip Code 33021-8434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Human Resources  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.26

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A706E65EE1CD14D969FA**  
 Amount of Each Receipt this Period 208.33  
 Memo Item  
 Payroll Deduction

**c. McCormack, Jorge, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7 Brightwaters Cir NE  
 City St Petersburg State FL Zip Code 33704-3729  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Pediatric Cardiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A630B40535A604163840**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.33
<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 64 OF 130
<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. Benoit, Jennifer, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 13830 SW 33rd Ct  
 City Davie State FL Zip Code 33330-4688  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A31FBDB10C8094D65B5F**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

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

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A0A8831C792784661AB1**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

**C. Coates, Eric, W, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 134 Pine Point Dr  
 City Lexington State SC Zip Code 29072-9772  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of South Carol Occupation (for Individual) Unit Medical Dir NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2A5A812622AD4A6786C**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 170.00  
**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 65 OF 130
<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. Soliman, Antoine, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10218 Overhill Dr  
 City Santa Ana State CA Zip Code 92705-1560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8EED9BA741AE42ABA3I**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Wright, Lydia, N, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3224 Shadow Ct  
 City Wilmington State NC Zip Code 28409-2527  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Coastal Car Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.70

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD98E4AB3F1194302AC1**  
 Amount of Each Receipt this Period 41.70  
 Memo Item  
 Payroll Deduction

**C. Reading, Jeremy, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7204 Rippling Stone Ln  
 City Raleigh State NC Zip Code 27612-7250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of North Carol Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A26C0C480B9EF41FC910**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.70
<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 66 OF 130
	<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. Jennings, Terese, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8043 19th Ave NW  
 City Seattle State WA Zip Code 98117-4334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Washington, Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A33DAA0D5413144D7AC9**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**B. Royster, Robert, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3600 Eden Croft Dr # 569  
 City Raleigh State NC Zip Code 27612-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of North Carol Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 575.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE4664677F9D2497DB08**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Yandle, Brandon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11918 First Branch Ct  
 City Chesterfield State VA Zip Code 23838-5600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Dir Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2169ABF3F89F44CAAA1**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	135.00
<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 67 OF 130
	<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. Bean, Virgil, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 259 Williams Rd  
 City Wilmington State NC Zip Code 28409-4831  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8BB6502F5D0D47D9899**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Bank, Ronald, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1642 White Pine Dr  
 City Vienna State VA Zip Code 22182-1963  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A34940BBBB8DC4BCEA1F**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. Gang, Barclay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 763 NE 74th St  
 City Miami State FL Zip Code 33138-5231  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Government Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF8C9191AD4EA462CB6A**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<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 68 OF 130		
	<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

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

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

Mailing Address 1299 Walnut Ter

City Boca Raton	State FL	Zip Code 33486-5566
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Sr Dir MSO Strat Project
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : AD9D1D9DD7B9843A7909**

Amount of Each Receipt this Period  
62.50

Memo Item  
 Payroll Deduction

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

Mailing Address 1413 Dogwood Ln

City Raleigh	State NC	Zip Code 27607-6854
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
935.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A23EE0395F2544653B67**

Amount of Each Receipt this Period  
85.00

Memo Item  
 Payroll Deduction

**C. Abolafia, Lori, F, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1860 NW 108th Ave

City Plantation	State FL	Zip Code 33322-6430
--------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Clinical Recruiter
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A24A21822180C4046A54**

Amount of Each Receipt this Period  
20.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	167.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 130
	<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. Collins, Steve, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10468 Laurel Rd  
 City Davie State FL Zip Code 33328-1358  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) SVP Business Development  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3900.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A319996301F2A4FF8B4A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Guffin, Shawn, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4017 Churchill Rd  
 City Charlotte State NC Zip Code 28211-1016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A9957BACBE6A24D0D8FD**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Brozyna, Dianna, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2711 Scarborough Ct  
 City Kissimmee State FL Zip Code 34744-5475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A594106D35EFA4D02BB2**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 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 70 OF 130
	<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. Sanders, Nanette, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 21862 Shenandoah Dr  
 City Lake Forest State CA Zip Code 92630-5740  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A0A3F759037A94BEAB1B**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. McDuffie, Cheryl, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 319 Odessa Dr  
 City Magnolia State TX Zip Code 77354-1704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Family Nurse Pract  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A3FA801B19B774787959**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Hinson, Roger Mack, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8320 84th Ave SE  
 City Mercer Island State WA Zip Code 98040-5648  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1312.50

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AA1C4B153D216493B9D2**  
 Amount of Each Receipt this Period 93.75  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	131.25
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 130
	<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 of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Thomas, Janice, L, ,</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017		
Mailing Address 2810 SW 87th Ave Apt 913			Transaction ID : <b>A835AD7DF67834FA8B58</b>		
City Davie	State FL	Zip Code 33328-6620	Amount of Each Receipt this Period 10.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction		
Name of Employer (for Individual) Mednax Services, Inc.		Occupation (for Individual) Mgr Bus Dev Internal	Aggregate Year-to-Date ▼ 220.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jekot, Jeffrey, M, , MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017		
Mailing Address 3804 Woodcutters Way			Transaction ID : <b>A2FFF40284F6A4DB7B42</b>		
City Austin	State TX	Zip Code 78746-1543	Amount of Each Receipt this Period 100.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction		
Name of Employer (for Individual) American Anesthesiology of Texas, Inc.		Occupation (for Individual) Anesthesiologist	Aggregate Year-to-Date ▼ 1100.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Chelen, Carl, J, , MD</b>			Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 30 / 2017		
Mailing Address 704 Prince Alston Cv			Transaction ID : <b>A614975D090CB44A6866</b>		
City Florence	State SC	Zip Code 29501-8055	Amount of Each Receipt this Period 50.00		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item <input type="checkbox"/> Payroll Deduction		
Name of Employer (for Individual) Pediatrix Medical Group of South Carol		Occupation (for Individual) Medical Director PICU	Aggregate Year-to-Date ▼ 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)					

<b>SUBTOTAL</b> of Receipts This Page (optional).....	160.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 130
	<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. Kiley, Robert, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 231 Venison Creek Dr  
 City Monument State CO Zip Code 80132-6075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrx Medical Group of Colorado, P Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE04A4690E14A4187A69**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Twiggs, Gary, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10230 Sweet Bay Ct Apt 1114  
 City Parkland State FL Zip Code 33076-3926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) President & COO Eastern  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A515F0F2ABADA4765A8D**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction

**C. Thailer, Daniel, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7027 Summerhill Ridge Dr  
 City Charlotte State NC Zip Code 28226-5591  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A608B592F6D3143B8882**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	491.67
<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 73 OF 130
	<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. Altamirano, Nydia, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10230 SW 133rd Ct  
 City Miami State FL Zip Code 33186-2862  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Office Based Systems  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE69CE0DD53FA45F9862**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Bunker, Noah, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2 Hedge Ln  
 City Austin State TX Zip Code 78746-3207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2C86BC93EC4B41499E5**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Rider, Evelyn, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Meadowlark Rdg  
 City Great Falls State MT Zip Code 59405-5532  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Alaska Neonatology Associates, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD67967184984460FA83**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 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 74 OF 130
	<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. Palank, Brian, J, , JRMD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1100 Metropolitan Ave  
Unit 403

City Charlotte State NC Zip Code 28204-3408

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2EDACE7511E04161903**

Amount of Each Receipt this Period 75.00

Memo Item  
 Payroll Deduction

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

Mailing Address 1310 S College St

City Georgetown State TX Zip Code 78626-7020

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A29BB35A2920F465D894**

Amount of Each Receipt this Period 100.00

Memo Item  
 Payroll Deduction

**C. Turner, Vicky, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8340 Black Olive Dr  
Apt 202

City Tamarac State FL Zip Code 33321-2734

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP AdvPr Program

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A92A75A1F128B42EF854**

Amount of Each Receipt this Period 30.00

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 205.00

**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 75 OF 130
	<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. Spence, Ana, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11865 E Carol Ave  
 Lot 6  
 City Scottsdale State AZ Zip Code 85259-5969  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Phoenix, P. Occupation (for Individual) MFM Specialist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A529F589DCCCD4774B3C**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Roberts, David, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4974 Akron St  
 Unit 301  
 City Denver State CO Zip Code 80238-3742  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AD263CEABC8A94343AC8**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Gunawardene, Navajeeva, R, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10435 N 49th Pl  
 City Paradise Valley State AZ Zip Code 85253-1043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Phoenix, P. Occupation (for Individual) Medical Director  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AADC348EE0E1D48ADA4E**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 75.00  
**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 76 OF 130
	<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. Nelson, Jean, M, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5212 Masonboro Harbour Dr

City Wilmington	State NC	Zip Code 28409-4156
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
237.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : A96742F36DCA646CC9F6**

Amount of Each Receipt this Period  
12.50

Memo Item  
 Payroll Deduction

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

Mailing Address PO Box 11913

City San Juan	State PR	Zip Code 00922-1913
------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group, S.P.	Occupation (for Individual) Regional President
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4583.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : A0590184E13014404858**

Amount of Each Receipt this Period  
416.67

Memo Item  
 Payroll Deduction

**C. Powers, Pius, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 146 W Park Dr  
Ste 9B

City Kingsport	State TN	Zip Code 37660-3813
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2017

**Transaction ID : AC08E94A948A14761ABA**

Amount of Each Receipt this Period  
50.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	479.17
<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 77 OF 130
	<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. McCrea, William, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5100 Chanticleer Ct

City Wilmington	State NC	Zip Code 28409-3302
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
610.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A61EB3D5E26EC4597BD0**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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

Mailing Address 12151 Old Sawmill Ln

City Ashland	State VA	Zip Code 23005-7559
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir II Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A7CBD09EA490A419C818**

Amount of Each Receipt this Period  
100.00

Memo Item  
Payroll Deduction

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

Mailing Address 5 Chatham Rd

City Charleston	State WV	Zip Code 25304-2763
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4583.37

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A4ABEF291965444C7A38**

Amount of Each Receipt this Period  
416.67

Memo Item  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	531.67
<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 78 OF 130
<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. Brenker, Howard, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6566 NW 99th Ln  
 City Parkland State FL Zip Code 33076-2340  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AB9D9B4372A5547A98A3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Arredondo, Eddie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1827 Magliano Dr  
 City Boynton Beach State FL Zip Code 33436-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Sr Auditor RCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AA1CD7A053BB94BFAB5D**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Levine, Peter, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1192 Skylark Dr  
 City Weston State FL Zip Code 33327-2385  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Sr Regional Counsel  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1700.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A02CCD3FBE989418B80D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 79 OF 130
<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. Smith, Stephen, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 917 Rabbit Run  
 City Wilmington State NC Zip Code 28409-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 367.84

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A16FBE52112184F8B803**  
 Amount of Each Receipt this Period 16.72  
 Memo Item  
 Payroll Deduction

**B. Sykes, Kassell, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6705 Greywalls Ln  
 City Raleigh State NC Zip Code 27614-8207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A1E0E4474EF8A4BCDAE5**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. Carzoli, Ronald, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 50 3rd Ave S Apt 1101  
 City Jacksonville Beach State FL Zip Code 32250-6783  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A83DAFEBE4E374743A0B**  
 Amount of Each Receipt this Period 125.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	191.72
<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 130
	<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. Carner, Cay, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2205 Vickers Dr  
 City Plano State TX Zip Code 75075-2052  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ACC39896D88FD415B842**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Alphin, Robert, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4028 John S Raboteau Wynd  
 City Raleigh State NC Zip Code 27612-5329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A9DF292F4F2C642438E6**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Brawley, Albert, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 619 Brae Burn Dr  
 City Martinez State GA Zip Code 30907-9130  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Georgia, P. Occupation (for Individual) Medical Director Hosp  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A51E14B7C88D54F07BF1**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 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 81 OF 130
	<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. Cheaney, Russell, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1411 Greenway Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : AA96A690FFB554CF1B00**

Amount of Each Receipt this Period  
50.00

Memo Item  
 Payroll Deduction

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

Mailing Address 305 Club Colony Cir

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2291.63

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A89705F0EF9D3448FA90**

Amount of Each Receipt this Period  
208.33

Memo Item  
 Payroll Deduction

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

Mailing Address 14 Devon Wood

City San Antonio	State TX	Zip Code 78257-1209
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A87867AF7011449E3B65**

Amount of Each Receipt this Period  
75.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.33
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 130
	<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. Moseman, Sara, A, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1121 Oleander Ln  
 Unit 330  
 City Waxhaw State NC Zip Code 28173-7152  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A1739274DB9AD4AA1A57**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. VanMatre, Reed, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3501 William Pope Wynd  
 City Raleigh State NC Zip Code 27612-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A50762C3EBA844891A81**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. Lubanski, Robert, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6415 Hawks Bill Dr  
 City Wilmington State NC Zip Code 28409-9207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A27D8BF02EC884589BEB**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	100.00
<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 83 OF 130
	<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. Theruvath, Ilka, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1661 Sterling Rd  
 City Charlotte State NC Zip Code 28209-1547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A8B3F17B82DF643FCB17**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**B. Preziosi, Mark, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3144 Legends Cir  
 City Lakeland State FL Zip Code 33803-5432  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Florida, In Occupation (for Individual) Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A0B60EB1BC6B64600B71**  
 Amount of Each Receipt this Period 85.00  
 Memo Item  
 Payroll Deduction

**C. Holway, Brent, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5400 Stonestrow Ct  
 City Charlotte State NC Zip Code 28226-6493  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A265B06E3D9C248D3A98**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<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 84 OF 130
	<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. Cox, Frances, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 232 Rosemary Holw  
 City Buda State TX Zip Code 78610-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Reg Mgr HS  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A60047048C36745B2805**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. PerezDiaz, Jose, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address Cond Pine Grove Apt 44a  
 City Carolina State PR Zip Code 00979  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group, S.P. Occupation (for Individual) Dir Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A965FEAFFDAF146AB907**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Clifton, Charles, L, , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4370 Bancroft Vly  
 City Johns Creek State GA Zip Code 30022-5175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Georgia, LL Occupation (for Individual) Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AAA4C9E2DE78F4431A31**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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 85 OF 130
	<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. Rosenberg, Brian, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7366 NW 108th Way  
 City Parkland State FL Zip Code 33076-1860  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Training & Dev't  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AAC1FB53F22F344018E9**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**B. Jimenez, Jill, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12021 SW 32nd St  
 City Davie State FL Zip Code 33330-1637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Bus Dev Internal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 475.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE767EB45A41549AD9BE**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Haney, Peter, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 200 Chimney Rock Rd  
 City Houston State TX Zip Code 77024-5606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 916.63

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A3C23A9A3DF4548FC9C8**  
 Amount of Each Receipt this Period 83.33  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.83
<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 130
	<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. Toney, Joe, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5459 S Krameria St  
 City Greenwood Village State CO Zip Code 80111-1426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Obstetrix Medical Group of Colorado, P Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE1B33CAF7C63486DB78**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction

**B. Dixon, Christopher, A, , DO**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 144 Edgewater Ln  
 City Wilmington State NC Zip Code 28403-3748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A609A458CA78446BEBFE**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**C. Meyer, Elizabeth, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8506 Conover PI  
 City Alexandria State VA Zip Code 22308-2042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A40889144E15741A28C7**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 130
<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. Tryzmel, Johnny, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3765 NE 209th Ter  
 City Aventura State FL Zip Code 33180-3769  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A263CBA7A1E7B463190D**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Dupont, Cedric, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 710 Butler Cv  
 City West Lake Hills State TX Zip Code 78746-1009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of Texas, Inc. Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A30F1FB494B5B46DABA0**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Zimmerman, Karen, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1799 S Lee St Apt B  
 City Lakewood State CO Zip Code 80232-6254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Obstetrix Medical Group of Colorado, P Perinatal Nurse Practionr  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A56DC08F6C4A94F63A63**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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 88 OF 130
	<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. Case, Denise, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3585 S Highway 281  
 City Mineral Wells State TX Zip Code 76067-1411  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrx Medical Services, Inc. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A0498FC403D194B60A5A**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Moses, Michael, S, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12 Barraco Blvd  
 City Rhinebeck State NY Zip Code 12572-2145  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of New York Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A53FBB447926B49F395C**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**C. HeathPowell, Rita, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2020 Robin Hill Ln  
 City Carrollton State TX Zip Code 75007-1611  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Analyst Financial  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A188F59D9B88C4366935**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 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 89 OF 130
	<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. Handler, Darren, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4116 Pine Ridge Ln  
 City Weston State FL Zip Code 33331-5030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Data Warehousing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A58903C08383C47C18E3**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Doise, Rebecca, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Emergent and Critical Care S Occupation (for Individual) Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF783C56D4A004C81A3A**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Thornton, Robin, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9 Huntington Dr  
 City Burlington State NJ Zip Code 08016-9704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Burlington Anesthesia Associates, P.A. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A195DD5F4FA3D4ACB9F5**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 76.67  
**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 90 OF 130
	<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. Choi, Elmer, K, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 407 Park St SE  
 City Vienna State VA Zip Code 22180-5806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A3933188425C943B5B64**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Mason, Eric, W, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 333 Las Olas Way Apt 3005  
 City Ft Lauderdale State FL Zip Code 33301-2390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 4583.37

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2031FBEA0FDB45058BB**  
 Amount of Each Receipt this Period 416.67  
 Memo Item  
 Payroll Deduction

**C. Osborne, Carey, D, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4095 NW 24th Ave  
 City Boca Raton State FL Zip Code 33431-8417  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Clinical Staffing  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1320.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A86279E618F1949B4AE6**  
 Amount of Each Receipt this Period 60.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	501.67
<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 130
	<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. Ahmad, Kaashif, A, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 11814 Elmscourt

City San Antonio	State TX	Zip Code 78230-2767
---------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A53C3A12DFE2645868FB**

Amount of Each Receipt this Period  
20.00

Memo Item  
 Payroll Deduction

**B. Jenkins, Peggy, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9432 Green Terrace Dr

City Dallas	State TX	Zip Code 75220-5138
----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Mgr HR
--	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : AAE05048B947F4E60B8C**

Amount of Each Receipt this Period  
20.00

Memo Item  
 Payroll Deduction

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

Mailing Address 25470 Prado De Las Bellotas

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

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A9BD5325014384CD7A0F**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 130
<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. Yup, Gary, L, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2301 Fireside Cir  
 City Reno State NV Zip Code 89509-3514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Corp Med Dir  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A362C03F5414B4D80A24**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction

**B. Hawk, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1542 SE 13th St  
 City Ft Lauderdale State FL Zip Code 33316-2212  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) President Ambulatory Svcs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AA0C66E6029DD46EBAE2**  
 Amount of Each Receipt this Period 187.43  
 Memo Item  
 Payroll Deduction

**C. Liberto, Jacquelyn, A, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2543 Jardin Ter  
 City Weston State FL Zip Code 33327-1517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Portfolio Strat & Dev  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1375.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A7448228B01DE449EBB3**  
 Amount of Each Receipt this Period 62.50  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	449.93
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 130
<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. Robinson, Cheryl, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1530 Wyatt Ct  
 City Reno State NV Zip Code 89521-6139  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pokroy Medical Group of Nevada, Ltd. Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A491FC3307BDD449EAB7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Wearden, Mary, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 22535 Lynridge Dr  
 City San Antonio State TX Zip Code 78260-7747  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : ABAC0F9C83FDA42E7841**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction

**C. Yarnall, David, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12519 Nathaniel Oaks Dr  
 City Oak Hill State VA Zip Code 20171-1732  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A68189C5539BA45AF994**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<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 94 OF 130
	<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. Gonzalez, Mario, I, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2631 NE 14th Ave  
 Apt 203  
 City Wilton Manors State FL Zip Code 33334-4399  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Div VP Managed Care  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE72F726F0D22484ABEF**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Long, WM, , , III**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 309 Seminole Ave  
 City Ft Lauderdale State FL Zip Code 33312-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 540.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A876CEBA040E0449BBCA**  
 Amount of Each Receipt this Period 30.00  
 Memo Item  
 Payroll Deduction

**C. Grossmann, Samuel, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 438 Forrest Park Cir  
 City Franklin State TN Zip Code 37064-8938  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Sr Dir Gov't Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2671.26

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AAE8AC8ACDAB440CEB4**  
 Amount of Each Receipt this Period 121.42  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	201.42
<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 130
<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. Carrell, Paul, T, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5215 Buckman Mountain Rd  
 City Austin State TX Zip Code 78746-1512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Texas, Inc. Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AFB0DF3F7D84B42CDAFF**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. McConnell, Brian, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 354  
 City Great Falls State VA Zip Code 22066-0354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2F773C79089C4F5F8A5**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Hebert, Ronald, K, , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 817 SW 10th St  
 City Fort Lauderdale State FL Zip Code 33315-1224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) VP Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 916.74

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A54B2197E2ACB4256A07**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.67
<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 96 OF 130
<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. Broussard, Jeffrey, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1024 Gettysvue Dr  
 City Knoxville State TN Zip Code 37922-7619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Tennessee Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AFB3622B15AAB4FFBBE3**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Davis, Margaret, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5115 Park Dr  
 City Vermilion State OH Zip Code 44089-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Ohio Corp. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF6407D375CCB41D5A7B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**C. Gilmore, Paul, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 24 Springhill Farm Ct  
 City Hunt Valley State MD Zip Code 21030-1400  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Maryland Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A654A7D179BBD4F9993B**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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 97 OF 130
	<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. Zugarramurdi, Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 10854 SW 88th St  
 Apt 418  
 City Miami State FL Zip Code 33176-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Mgr Insurance Program  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 330.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A4C3D0DAAD8C249CFA0f**  
 Amount of Each Receipt this Period 15.00  
 Memo Item  
 Payroll Deduction

**B. Nama, Vijay, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3101 Kennison Ct  
 City Plano State TX Zip Code 75093-3451  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4576.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A099C0F9919D14603A65**  
 Amount of Each Receipt this Period 416.00  
 Memo Item  
 Payroll Deduction

**c. Chambers, Carroll, L, , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3117 Cutchin Dr  
 City Charlotte State NC Zip Code 28210-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AF486599CB4E640268AB**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	481.00
<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 98 OF 130
	<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. O'Brien, Thomas, P, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Ridgewood Rd  
 City Baltimore State MD Zip Code 21210-2536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix of Maryland, P.A. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4479.20

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A0B85FD77A23E4380B84**  
 Amount of Each Receipt this Period  
 520.84  
 Memo Item  
 Payroll Deduction

**B. Witt, Scott, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3584 Holland Dr  
 City Santa Rosa State CA Zip Code 95404-6210  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A262D865669EB447BB81**  
 Amount of Each Receipt this Period  
 25.00  
 Memo Item  
 Payroll Deduction

**C. Black, Jenna, E, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 338 Sea Manor Dr  
 City Surf City State NC Zip Code 28445-6636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southeast Anesthesiology Consultants, Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 351.12

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AE0DBAD0333DD4C33AD4**  
 Amount of Each Receipt this Period  
 16.72  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	562.56
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 130
<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. Ramos, Susanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5603 Timber Bark  
 City San Antonio State TX Zip Code 78250-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AEC40490DB7A34D73878**  
 Amount of Each Receipt this Period 12.50  
 Memo Item  
 Payroll Deduction

**B. Taylor, B Keith, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 108 Linden Ave  
 City Lynchburg State VA Zip Code 24503-2010  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group, P.C. Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : AB05A4EBC316E42EEB1A**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Jaszewski, Paul, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 19449 Peninsula Shores Dr  
 City Cornelius State NC Zip Code 28031-7583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A98FBF37587B340729F6**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	187.50
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 130
	<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. Del Toro, Jorge, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2955 NW 126th Ave  
Apt 417

City Sunrise State FL Zip Code 33323-6335

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) CMO WomenChildren Svcs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 4858.37

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A60B0C10F19044BE59C8**

Amount of Each Receipt this Period 441.67

Memo Item  
 Payroll Deduction

**B. Camp, John, , , JRMD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1231 Jericho Ln

City Charlotte State NC Zip Code 28270-9520

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A395D178052A44760897**

Amount of Each Receipt this Period 50.00

Memo Item  
 Payroll Deduction

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

Mailing Address 12149 Huske Rd

City Stony Creek State VA Zip Code 23882-3026

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Regional President

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 4583.26

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A7EA18FA71E4A47FF973**

Amount of Each Receipt this Period 208.33

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 700.00

**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 101 OF 130
	<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. Engels, Emil, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3127 Windsong Dr  
 City Oakton State VA Zip Code 22124-1832  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of Virginia, P Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A776E84ACFB0845E1BC3**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**B. Abdou, Francis, J, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3828 White Chapel Way  
 City Raleigh State NC Zip Code 27615-1658  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A9DC5771BD804479AA2F**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Sykora, Raymond, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 8418 Robbins Crescent Dr  
 City Cornelius State NC Zip Code 28031-5699  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 275.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A31A225BB7C2B462A94B**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 130
<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. Bell, Valerie, J, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2973 Cheroakwood Ln

City Rockford	State IL	Zip Code 61114-6247
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : ACF80608898BA43F9A50**

Amount of Each Receipt this Period  
75.00

Memo Item  
 Payroll Deduction

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

Mailing Address 3307 Mendenaro Ct

City Fallbrook	State CA	Zip Code 92028-8041
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Magella Medical Group, Inc.	Occupation (for Individual) Medical Director
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : ABC151196F8014DA281A**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campobello	State SC	Zip Code 29322-8733
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A90FC9E4B816340D192F**

Amount of Each Receipt this Period  
125.00

Memo Item  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 130
<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. Tisdell, Scott, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Crownhill Dr

City Arlington	State TX	Zip Code 76012-2816
-------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A51C38223452E4076B6C**

Amount of Each Receipt this Period  
227.27

Memo Item  
 Payroll Deduction

**B. Stones, Julia, L, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6541 NE 20th Ter

City Ft Lauderdale	State FL	Zip Code 33308-1017
-----------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1870.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : ACEA36A6EC9084F52947**

Amount of Each Receipt this Period  
85.00

Memo Item  
 Payroll Deduction

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

Mailing Address 3100 Briar Stream Run

City Raleigh	State NC	Zip Code 27612-5240
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
1100.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A518FF4EBC2414CDAA29**

Amount of Each Receipt this Period  
100.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	412.27
<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 104 OF 130
	<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. Sato, Ray, Y, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2000 Alaskan Way  
 Apt 349  
 City Seattle State WA Zip Code 98121-2104  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Washington, Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AE35AFD2DAE444D958E1**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**B. Bellur, Jwalanaiah, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6521 NE 21st Way  
 City Ft Lauderdale State FL Zip Code 33308-1062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : ADFC2FB4B17FB4062904**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

**C. Patankar, Srikanth, S, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 124 Lincoln Rd  
 City Westfield State NJ Zip Code 07090-3902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 AA of NJ PC Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A9A5C72D38655425599A**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 130
<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. Ewell, Charles, L., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 617 Blair St  
 City Greensboro State NC Zip Code 27408-7401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AA10A85E254E1426FA56**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Sweeney, Terrence, J., MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 727 17th Ave E  
 City Seattle State WA Zip Code 98112-3921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Washington, Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1540.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A11A015AD4E3D4C2DBB7**  
 Amount of Each Receipt this Period 140.00  
 Memo Item  
 Payroll Deduction

**C. Peregrino, Manuel, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 23 Westwind Dr  
 City Lemoyne State PA Zip Code 17043-1234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Pennsylvani Occupation (for Individual) Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1116.72

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A4FF530ED69DC45ABB53**  
 Amount of Each Receipt this Period 83.34  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	273.34
<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 106 OF 130
<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. Clifton, Bobby, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1312 Montrose Dr  
 City Shelby State NC Zip Code 28150-6047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A2F56D8FA72874BA482C**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

**B. Catland, Deborah, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12819 Gypsophila  
 City San Antonio State TX Zip Code 78253-6156  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 440.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A684C8C02B63D42B1A5E**  
 Amount of Each Receipt this Period 20.00  
 Memo Item  
 Payroll Deduction

**C. Saunders, Carla, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12932 Pine Meadows Ln  
 City Knoxville State TN Zip Code 37934-4456  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Group of Tennessee, Occupation (for Individual) NNP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A26B15BFBF88F45128FD**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	80.00
<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 107 OF 130
<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. Schwendeman, Clair, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17616 Ivy Hill Dr  
 City Dallas State TX Zip Code 75287-7561  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A9B939C24D14D47629BB**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item  
 Payroll Deduction

**B. Sharp, Cecil, G, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2221 Spring Water Dr  
 City Augusta State GA Zip Code 30907-3469  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Georgia, P. Corp Med Dir NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A47E289FDAB6E48E686F**  
 Amount of Each Receipt this Period  
 45.00  
 Memo Item  
 Payroll Deduction

**C. Kenton, Alexander, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 302 W Lynwood Ave  
 City San Antonio State TX Zip Code 78212-2592  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 4400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A288FE7E862A24CC9AE5**  
 Amount of Each Receipt this Period  
 200.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	345.00
<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 108 OF 130
	<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. Cox, J Thomas, Thomas, , JRMD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2488 W Keswick Rd

City Florence	State SC	Zip Code 29501-1931
------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A5B5D04413CEB4645931**

Amount of Each Receipt this Period  
150.00

Memo Item  
 Payroll Deduction

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

Mailing Address 6012 Poindexter Ln

City Rockville	State MD	Zip Code 20852-3639
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of the Mid-Atl	Occupation (for Individual) Corp Med Dir
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A4ABA0BB4AC6F442F878**

Amount of Each Receipt this Period  
20.00

Memo Item  
 Payroll Deduction

**C. Spitzmiller, R, E, , DO**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 143 Wisteria Dr

City Oakwood	State OH	Zip Code 45419-3454
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Ohio Corp.	Occupation (for Individual) Neonatologist
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A335E8034A49D4A9380D**

Amount of Each Receipt this Period  
20.00

Memo Item  
 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 109 OF 130
<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. Stubbs, Milissa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2751 NE 48th Ct  
 City Lighthouse Point State FL Zip Code 33064-7940  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Div CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2291.74

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A393A11A351484B5D982**  
 Amount of Each Receipt this Period 104.17  
 Memo Item  
 Payroll Deduction

**B. Powers, George, C, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 109 Sequoia Dr  
 City San Antonio State TX Zip Code 78232-2216  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AE4649903A07A464E815**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**C. Amos, Barry, D, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 852 Gull Point Rd  
 City Wilmington State NC Zip Code 28405-5268  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A618E9A16EE3A40378FE**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	214.17
<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 110 OF 130
<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. Peterson, Cobern, V, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3205 Grey Leaf Dr  
 City Wilmington State NC Zip Code 28409-2519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A3373460A65F246C8941**  
 Amount of Each Receipt this Period 10.00  
 Memo Item  
 Payroll Deduction

**B. Barton, Andrew Charles, H, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 813 Wood Cove Rd  
 City Wilmington State NC Zip Code 28409-0504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Southeast Anesthesiology Consultants, Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A9BD8822829674740B1F**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Tabor, Bannie Lee, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5020 Still Meadow Dr  
 City Ft Worth State TX Zip Code 76132-3806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Medical Director MFM  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2200.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A760053AD7C2A419CA91**  
 Amount of Each Receipt this Period 200.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	235.00
<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 111 OF 130
<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. Evans, Judson, H, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2614 Mimosa Pl

City Wilmington	State NC	Zip Code 28403-4024
--------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : ABD905E2729314A25A35**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

**B. Chipley, Paul, S, , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 304 Channel Dr N

City Wrightsville Beach	State NC	Zip Code 28480-2722
----------------------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A4160FDDA2C9D4804A18**

Amount of Each Receipt this Period  
10.00

Memo Item  
 Payroll Deduction

**C. Beaumont, Lane, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1930 Hickory Pl

City Monteagle	State TN	Zip Code 37356-6000
-------------------	-------------	------------------------

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

Name of Employer (for Individual) Pediatrix Medical Group of Tennessee,	Occupation (for Individual) NNP
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A7E57D5F49CA4442B956**

Amount of Each Receipt this Period  
10.00

Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<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 112 OF 130
<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. Stowe, Barry, , , MD**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2021 Coniston Pl

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A050CD4A88A034A01A2B**

Amount of Each Receipt this Period  
50.00

Memo Item  
Payroll Deduction

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

Mailing Address 2208 Hastings Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
825.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A82D3F72736214718944**

Amount of Each Receipt this Period  
75.00

Memo Item  
Payroll Deduction

**C. Uttley, Randall, D, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 921 W Georgia Ave  
Apt 1091

City Phoenix	State AZ	Zip Code 85013-1929
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) Dir II Operations
--	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
330.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		30		2017

**Transaction ID : A26240017C7444189B6E**

Amount of Each Receipt this Period  
15.00

Memo Item  
Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 130
	<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. Aaron, Amy, T, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 620 Bluff Springs Rd  
 City Ft Worth State TX Zip Code 76108-7600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Adv Practitioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A944EBB6730124759A37**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**B. Biela, Timothy, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 39 Devon Wood  
 City San Antonio State TX Zip Code 78257-1218  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Pediatrix Medical Services, Inc. Occupation (for Individual) Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 990.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A49FF3BAAF16248C2A12**  
 Amount of Each Receipt this Period 45.00  
 Memo Item  
 Payroll Deduction

**C. Kaspar, Debra, F, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11404 Fieldstone Ln  
 City Reston State VA Zip Code 20191-3919  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) RVP  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3208.26

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A1C55C819BFCE40569B9**  
 Amount of Each Receipt this Period 145.83  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	215.83
<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 114 OF 130
	<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. Moore, Mary Ann, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 550 SE Mizner Blvd  
Apt B407

City Boca Raton State FL Zip Code 33432-5585

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Chief Legal Officer MNMG

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **791.73**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A3407A6A5B1A64781BB5**

Amount of Each Receipt this Period **41.67**

Memo Item  
 Payroll Deduction

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

Mailing Address 4420 Lake Boone Trl

City Raleigh State NC Zip Code 27607-7505

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : ABA636EEF39BF4CBE8AC**

Amount of Each Receipt this Period **50.00**

Memo Item  
 Payroll Deduction

**C. Campbell, Andrew Sean, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 423 S Westridge Cir

City Anaheim State CA Zip Code 92807-3722

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir RCM CBO

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **1320.00**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A1C2F66215913494E84D**

Amount of Each Receipt this Period **60.00**

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **151.67**

**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 115 OF 130
	<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. Sidebottom, Richard, A, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1305 Byron Nelson Pkwy  
 City Southlake State TX Zip Code 76092-9547  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A440339AADFF541C5A2D**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Payroll Deduction

**B. Muller, Thys, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 17521 Hawkwatch Ln  
 City Charlotte State NC Zip Code 28278-0082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. Dir Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A3F1ABE456B7D4E4A8EA**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 Payroll Deduction

**C. Vo, Cong, T, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 103 Hennessy Dr  
 City Lafayette State LA Zip Code 70508-8055  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Louisiana, Neonatologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt  
 11 / 30 / 2017  
**Transaction ID : A0936A2AB2640402695C**  
 Amount of Each Receipt this Period 25.00  
 Memo Item  
 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 116 OF 130
<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. Long, Charles, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 522 Hermitage Ct  
 Apt 3A  
 City Charlotte State NC Zip Code 28207-1414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of the Southea Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 825.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AEF6327CFC9C642AB80C**  
 Amount of Each Receipt this Period 75.00  
 Memo Item  
 Payroll Deduction

**B. Smith, Tony, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 271 Allemania Dr  
 City New Braunfels State TX Zip Code 78132-5185  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir II Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 791.73

Date of Receipt 11 / 30 / 2017  
**Transaction ID : A5AB972A68FD64D50947**  
 Amount of Each Receipt this Period 41.67  
 Memo Item  
 Payroll Deduction

**C. Atasoy, Erhan, , , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4756 Sharpstone Ln  
 City Raleigh State NC Zip Code 27615-1680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) American Anesthesiology of North Carol Occupation (for Individual) Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 11 / 30 / 2017  
**Transaction ID : AA76399C215BD4C5692B**  
 Amount of Each Receipt this Period 50.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	166.67
<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 117 OF 130
<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. Iskowitz, Steven, B, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 12600 Classic Dr  
 City Coral Springs State FL Zip Code 33071-7767  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Pediatrix Medical Group of Florida, In Medical Director Cardi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 458.37

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AE98DB5DF5EF9422A8A9**  
 Amount of Each Receipt this Period  
 41.67  
 Memo Item  
 Payroll Deduction

**B. Granberry, Jennifer, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7700 NW 120th Dr  
 City Parkland State FL Zip Code 33076-4536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Mednax Services, Inc. COO RCM  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1320.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : A506DC0B0C8B94495BE9**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item  
 Payroll Deduction

**C. Shakar, Robert, M, , MD**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 933 Rabbit Run  
 City Wilmington State NC Zip Code 28409-2207  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 Southeast Anesthesiology Consultants, Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 11 / 30 / 2017  
**Transaction ID : AF171600E2DCA44A0B4D**  
 Amount of Each Receipt this Period  
 10.00  
 Memo Item  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	111.67
<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 118 OF 130
<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. Henry, Eric, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5465 Wiles Rd  
Apt 204

City Coconut Creek State FL Zip Code 33073-4248

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

Name of Employer (for Individual) Mednax Services, Inc. Occupation (for Individual) Dir Compliance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **916.74**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : AAA598B743E9346509FE**

Amount of Each Receipt this Period **41.67**

Memo Item  
 Payroll Deduction

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

Mailing Address 9130 Anderton Springs Cv

City Memphis State TN Zip Code 38133-0900

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : A897F3B752145403CAEF**

Amount of Each Receipt this Period **50.00**

Memo Item  
 Payroll Deduction

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

Mailing Address 249 Clendenny Ave

City Jersey City State NJ Zip Code 07304-1112

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

Name of Employer (for Individual) Pediatrix Medical Group Neonatology an Occupation (for Individual) Neonatologist

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt **11 / 30 / 2017**

**Transaction ID : AAEE9F17347974F639E8**

Amount of Each Receipt this Period **30.00**

Memo Item  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **121.67**

**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 119 OF 130
<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. Devine, Matthew, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2902 Needham Ct

City Delray Beach	State FL	Zip Code 33445-7141
----------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) President Radiology Svcs
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4583.26

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A115D6BE213B94FF6939**

Amount of Each Receipt this Period  
208.33

Memo Item  
 Payroll Deduction

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

Mailing Address 127 Candelaria

City Helotes	State TX	Zip Code 78023-4711
-----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
550.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2017

**Transaction ID : A9F07300B6F0442E4B93**

Amount of Each Receipt this Period  
25.00

Memo Item  
 Payroll Deduction

**C. Nikolopoulos, Nicholas, J, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12280 NW 68th Ct

City Parkland	State FL	Zip Code 33076-3340
------------------	-------------	------------------------

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

Name of Employer (for Individual) Mednax Services, Inc.	Occupation (for Individual) VP Chief M&A Counsel
--	---

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
11	/	30	/	2017

**Transaction ID : AF999CDDF5D524B3DB0D**

Amount of Each Receipt this Period  
100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	333.33
<b>TOTAL</b> This Period (last page this line number only).....	26048.50

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 120 OF 130
<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 of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1301 Concord Ter

City Sunrise	State FL	Zip Code 33323-2843
-----------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
736.15

Date of Receipt  

M M	/	D D	/	Y Y Y Y
11		15		2017

**Transaction ID : A5FE0143CE686402FAFE**

Amount of Each Receipt this Period  
48.66

Memo Item  
Reimbursement of October Bank Fees

**B.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

**C.**

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	48.66
<b>TOTAL</b> This Period (last page this line number only).....▶	48.66



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 600 Peachtree St NE

City  
Atlanta

State  
GA

Zip Code  
30308-2219

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	5							2017

FEC Identification Number

**C**

**Transaction ID : B09A3E7A96**

Amount of Each Disbursement this Period

44.39

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

<input type="text"/>	44.39
<input type="text"/>	44.39

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. WENSTRUP FOR CONGRESS</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 512 MISSOURI AVE		FEC Identification Number C00497818 <b>Transaction ID : B471C3D3171</b>
City Cincinnati	State OH	Zip Code 45226-1121
Purpose of Disbursement Political Contribution - Primary 2018		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Wenstrup, Brad, R., Rep.,</b>		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: OH	District: 02	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. SHAHEEN FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address 105 N STATE STREET		FEC Identification Number C00457325 <b>Transaction ID : B69E22AB7B</b>
City Concord	State NH	Zip Code 03301-4334
Purpose of Disbursement Political Contribution - Primary 2020		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Shaheen, Jeanne, , Sen.,</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. MONTANANS FOR TESTER</b>		Date of Disbursement MM / DD / YYYY 11 / 27 / 2017
Mailing Address PO BOX 3171		FEC Identification Number C00412304 <b>Transaction ID : B4C1EF6993</b>
City BILLINGS	State MT	Zip Code 59103
Purpose of Disbursement Political Contribution - Primary 2018		Amount of Each Disbursement this Period 2500.00
Candidate Name <b>Tester, Jon, , Sen.,</b>		Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MT	District:	
<input type="checkbox"/> Memo Item		

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7500.00

**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. JEFF DUNCAN FOR CONGRESS**

Mailing Address PO BOX 845

City LAURENS State SC Zip Code 29360

Purpose of Disbursement  
Political Contribution - Primary 2018

Candidate Name  
**Duncan, Jeff, D., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: SC District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2017					

FEC Identification Number

**C** C00460550

**Transaction ID : B87108DD7E**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CRAMER FOR CONGRESS**

Mailing Address PO BOX 396

City BISMARCK State ND Zip Code 58502

Purpose of Disbursement  
Political Contribution - Primary 2018

Candidate Name  
**Cramer, Kevin, J., Rep.,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: ND District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			27			2017					

FEC Identification Number

**C** C00504704

**Transaction ID : BE325347251**  
Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2000.00

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

9500.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Cagle for Georgia, Inc.**

Full Name (Last, First, Middle Initial)  
Mailing Address 3301 Buckeye Road  
Suite 800

City Atlanta State GA Zip Code 30341-4236

Purpose of Disbursement  
Political Contribution - Primary 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 02 / 2017

FEC Identification Number  
C  
Transaction ID : B9BBA91905  
Amount of Each Disbursement this Period  
2500.00

Memo Item

**B. Friends of Christian Miele**

Full Name (Last, First, Middle Initial)  
Mailing Address 14 Cashell Court

City Nottingham State MD Zip Code 21236-2200

Purpose of Disbursement  
Political Contribution - Cycle 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) Cycle

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number  
C  
Transaction ID : B0688BB637!  
Amount of Each Disbursement this Period  
475.00

Memo Item

**C. Committee to Elect Joan Carter Conway**

Full Name (Last, First, Middle Initial)  
Mailing Address P.O. Box 1573

City Baltimore State MD Zip Code 21203-1573

Purpose of Disbursement  
Political Contribution - Cycle 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  
 Primary  General  
 Other (specify) Cycle

State: District:

Date of Disbursement  
MM / DD / YYYY  
11 / 06 / 2017

FEC Identification Number  
C  
Transaction ID : BFA9ABE05:  
Amount of Each Disbursement this Period  
475.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3450.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Friends of Mike Busch</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address 1215 E. Fort Avenue Suite 303		FEC Identification Number C [REDACTED] <b>Transaction ID : B29E7D87D3</b> Amount of Each Disbursement this Period [REDACTED] 475.00
City Baltimore	State MD	Zip Code 21230-5281
Purpose of Disbursement Political Contribution - Cycle 2018		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Cycle	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Friends of Kathy Klausmeier</b>		Date of Disbursement MM / DD / YYYY 11 / 06 / 2017
Mailing Address c/o Rice Consulting 17 W. Courtland Street, Suite 210		FEC Identification Number C [REDACTED] <b>Transaction ID : BF573557CE2</b> Amount of Each Disbursement this Period [REDACTED] 475.00
City Bel Air	State MD	Zip Code 21014-3737
Purpose of Disbursement Political Contribution - Cycle 2018		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Cycle	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Election Fund of Senator Joseph Vitale</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2017
Mailing Address PO BOX 1467		FEC Identification Number C [REDACTED] <b>Transaction ID : BDD2065A5C</b> Amount of Each Disbursement this Period [REDACTED] 499.99
City Woodbridge	State NJ	Zip Code 07095-5967
Purpose of Disbursement Political Contribution - General 2017		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Cycle	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1449.99
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Florida Republican Senatorial Campaign Committee**

Full Name (Last, First, Middle Initial)

Mailing Address 2640-A Mitcham Drive

City Tallahassee State FL Zip Code 32308-5400

Purpose of Disbursement Political Contribution - Other 2017

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 07 / 2017

FEC Identification Number: C

Transaction ID : B0DE153416

Amount of Each Disbursement this Period: 25000.00

Memo Item

**B. Watchdog PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 877 Executive Center Drive W. Suite 100

City Saint Petersburg State FL Zip Code 33702-2470

Purpose of Disbursement Political Contribution - Other 2017

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 13 / 2017

FEC Identification Number: C

Transaction ID : BCCF1A03D3

Amount of Each Disbursement this Period: 20000.00

Memo Item

**C. Citizens for Ross**

Full Name (Last, First, Middle Initial)

Mailing Address 19420 Evans Road

City Yukon State MO Zip Code 65589-1029

Purpose of Disbursement Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) Other

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C

Transaction ID : B124FD20F1

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 46000.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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**

**A. Alferman for Missouri**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 84

City Washington State MO Zip Code 63090-0084

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C  
Transaction ID : BEB755F16D  
Amount of Each Disbursement this Period: 2600.00

Memo Item

**B. Friends of Elijah Haahr**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 14506

City Springfield State MO Zip Code 65814-0506

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C  
Transaction ID : B3AF88A5B1  
Amount of Each Disbursement this Period: 2600.00

Memo Item

**C. Hegeman for Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 18739 County Rd 294

City Cosby State MO Zip Code 64436-8155

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C  
Transaction ID : BFD37A727L  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 6200.00

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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**

**A. Silvey for Missouri**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 10626

City Gladstone State MO Zip Code 64118

Purpose of Disbursement Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C

Transaction ID : B18F0F31174

Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Committee to Elect Jean Evans**

Full Name (Last, First, Middle Initial)

Mailing Address 1641 Award Drive

City Manchester State MO Zip Code 63021-7137

Purpose of Disbursement Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C

Transaction ID : B312A674439

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Citizens for Jamilah Nasheed**

Full Name (Last, First, Middle Initial)

Mailing Address 4032 Olive Street

City Saint Louis State MO Zip Code 63108-3924

Purpose of Disbursement Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 27 / 2017

FEC Identification Number: C

Transaction ID : B8D9BC86D

Amount of Each Disbursement this Period: 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3000.00

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



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Todd Richardson**

Mailing Address P.O. Box 310

City  
Poplar Bluff

State  
MO

Zip Code  
63902-0310

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B9F9D90669I**  
Amount of Each Disbursement this Period  
[Redacted] 2600.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Missourians for Cody Smith**

Mailing Address 1012 Euclid Blvd

City  
Carthage

State  
MO

Zip Code  
64836-2429

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify)

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	7			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B744B08AD1I**  
Amount of Each Disbursement this Period  
[Redacted] 1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Missourians for a Responsible Budget**

Mailing Address PO Box 307

City  
Kimberling City

State  
MO

Zip Code  
65686-0307

Purpose of Disbursement  
Political Contribution-Primary 2018

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			2	8			2	0	1	7		

FEC Identification Number

**C** [Redacted]  
**Transaction ID : B5A471E6F0I**  
Amount of Each Disbursement this Period  
[Redacted] 2600.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional).....▶

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

[Redacted]	6200.00
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[Redacted]	
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial) <b>A. Dave Young for Colorado</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address PO Box 58		FEC Identification Number C [ ] <b>Transaction ID : B834BC5AFA</b> Amount of Each Disbursement this Period [ ] 1000.00	
City Greeley	State CO	Zip Code 80632-0058	Category/ Type [ ]
Purpose of Disbursement Political Contribution - Cycle 2018		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:	Cycle		

Full Name (Last, First, Middle Initial) <b>B. Florida Foundation for Liberty</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2017	
Mailing Address 115 East Park Avenue, Suite 1		FEC Identification Number C [ ] <b>Transaction ID : B171CA9C68I</b> Amount of Each Disbursement this Period [ ] 5000.00	
City Tallahassee	State FL	Zip Code 32301-7701	Category/ Type [ ]
Purpose of Disbursement Political Contribution - Other 2017		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2017 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:	Other		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 72299.99