



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		509102.96
(b) Cash on Hand at Beginning of Reporting Period.....	605453.10	
(c) Total Receipts (from Line 19) .....	113375.38	350486.81
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	718828.48	859589.77
7. Total Disbursements (from Line 31).....	11567.49	152328.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	707260.99	707260.99
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	105692.57	307945.17
(ii) Unitemized .....	7304.09	42004.94
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	112996.66	349950.11
(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) .....	112996.66	349950.11
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).....	378.72	536.70
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))..... ▶	113375.38	350486.81
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	113375.38	350486.81

**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 .....	67.49	603.78
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	67.49	603.78
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	96500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	1500.00	55225.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11567.49	152328.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11567.49	152328.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	112996.66	349950.11
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	112996.66	349950.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	67.49	603.78
37. Offsets to Operating Expenditures (from Line 15, page 3).....	378.72	536.70
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-311.23	67.08

**SCHEDULE A (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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Francis J Abdou MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3828 White Chapel Way  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol Occupation Medical Director Anesth  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : AEF1D44FFC1BA491183B**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. Sikander Adeni MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 Laguna Grande  
 City Austin State TX Zip Code 78734  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **325.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A0F891E22352546639CB**  
 Amount of Each Receipt this Period **125.00**  
 Payroll Deduction

**c. John M Aguiar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4050 Sw 140 Ave  
 City Davie State FL Zip Code 33330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Customer Service  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **234.01**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A842B19025147402A838**  
 Amount of Each Receipt this Period **39.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **264.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Shannon S Allen</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A3A28FB073D404B08964</b>
Mailing Address 10200 Waters Dr		Amount of Each Receipt this Period 53.27
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir IS Clinic Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 266.35	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Shannon S Allen</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : ADB9A5ECD21784071BAF</b>
Mailing Address 10200 Waters Dr		Amount of Each Receipt this Period 53.27
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir IS Clinic Systems
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 319.62	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Robert Alphin MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : AB5B9E44E5C804695B88</b>
Mailing Address 4028 John S Raboteau Wynd		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of North Carol	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	206.54
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 1299 Walnut Terrace

City Boca Raton State FL Zip Code 33486

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **03 / 13 / 2015**

**Transaction ID : A1DEE733EF596424E90F**

Amount of Each Receipt this Period **500.00**

Payroll Deduction

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City Albuquerque State NM Zip Code 87107

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : AC8B75593CE884222952**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 6803 Lost Garden Ter

City Parkland State FL Zip Code 33076

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt **03 / 13 / 2015**

**Transaction ID : AE12D7FDE313043BFB71**

Amount of Each Receipt this Period **250.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **825.00**

**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 9 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dominic J Andreano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 Lost Garden Ter  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AB5AF4A0F96D24C5B9A2**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction

**B. Pratibha Ankola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 Sprain Valley Rd # B12  
 City Scarsdale State NY Zip Code 10583  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group Neonatology an Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A035F590785B642C9A98**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

**C. Martin Anyebuno MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5722 Moccasin Run  
 City Rockford State IL Zip Code 61109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Illinois, P Occupation Corporate Medical Directr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AF7F6489E03C940BA895**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	650.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Ronda K Ash</b>		Date of Receipt 03 / 13 / 2015 <b>Transaction ID : A05B24D179EED45E4894</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 113.26
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Dir CodingANES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 565.80	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Ronda K Ash</b>		Date of Receipt 03 / 31 / 2015 <b>Transaction ID : A20899F955E4D49C892E</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 113.26
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Dir CodingANES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 679.06	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Christine N Aune MD</b>		Date of Receipt 03 / 13 / 2015 <b>Transaction ID : A1F01DFCB8AF4406E9B4</b>
Mailing Address 15814 Seekers St		Amount of Each Receipt this Period 50.00
City San Antonio	State TX	Zip Code 78255
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	276.52
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 93
<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. Christine N Aune MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15814 Seekers St  
 City San Antonio State TX Zip Code 78255  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : A01504588FE0F44F884E**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Robert J Balcom MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2257 Haversham Close  
 City Virginia Beach State VA Zip Code 23454  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : A216178AAAE8240A298F**  
 Amount of Each Receipt this Period  
 2500.00  
 Payroll Deduction

**C. Ronald S Bank MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1642 White Pine Drive  
 City Vienna State VA Zip Code 22182  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : A8543E0F3CB5E410483A**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2625.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. John L Bankston MD</b>		Date of Receipt
Mailing Address 111 Pembroke Dr		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Palm Beach Gardens FL 33418		<b>Transaction ID : A6E7C8A60195147CBBCA</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Felipe T Banzon MD</b>		Date of Receipt
Mailing Address 2420 Apple Ridge Cr		<input type="text" value="03"/> / <input type="text" value="17"/> / <input type="text" value="2015"/>
City State Zip Code Manasquan NJ 08736		<b>Transaction ID : A63D5D654CB9C49609CD</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Pediatrix Medical Group, P.A.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Michael Battista MD</b>		Date of Receipt
Mailing Address 11 Orsinger Hill		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City State Zip Code San Antonio TX 78230		<b>Transaction ID : A16596B9900D444E5AFC</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="2875.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 11 Orsinger Hill

City San Antonio State TX Zip Code 78230

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A3BEA92A58B7049F8A51**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Jeffrey Bau**

Mailing Address 16606 SW 51st Terrace

City Miami State FL Zip Code 33185

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

Name of Employer Occupation  
Mednax Services, Inc. Security Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A4C5D8FFA0E0B4689B46**

Amount of Each Receipt this Period  
300.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Rosaire J Belizaire MD**

Mailing Address 201 Grand Pointe Boulevard

City Lafayette State LA Zip Code 70508

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AC6BAF6EEFDBC4C8A928**

Amount of Each Receipt this Period  
150.00

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 14 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Valerie J Bell MD</b>		Date of Receipt
Mailing Address 2973 Cheroakwood Lane		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Rockford	IL	61114
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A5AC22DDA8EFA4016890</b>
Pediatrix Medical Group of Illinois, P	Med Dir Ped Hosp	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="75.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Arthur F Bergh MD</b>		Date of Receipt
Mailing Address 460 Lanternback Island Drive # 1508		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Satellite Beach	FL	32937
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>A8E1EF917872C4B73896</b>
American Anesthesiology of Virginia, P	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Timothy Biela MD</b>		Date of Receipt
Mailing Address 8050 Colonial Woods		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Boerne	TX	78015
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AD6F0359E38C84BE8BA2</b>
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	<input type="text" value="45.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Timothy Biela MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A260C1EB5A5504C688DA</b>
Mailing Address 8050 Colonial Woods		Amount of Each Receipt this Period 45.00
City Boerne	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. David R Breed MD</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : AEE23A66A70504C4B8A7</b>
Mailing Address 1310 S College St		Amount of Each Receipt this Period 100.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. David R Breed MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A6867D8E793424383A44</b>
Mailing Address 1310 S College St		Amount of Each Receipt this Period 100.00
City Georgetown	State TX	Zip Code 78626
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	245.00
<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 16 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Howard Brenker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6566 NW 99 Lane

City Parkland State FL Zip Code 33076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : AE145FCBDFDBF44AB8FE**

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

Payroll Deduction

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

Mailing Address 12717 W Sunrise Blvd 256

City Sunrise State FL Zip Code 33323

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : AF99818B0236B4B6281C**

Amount of Each Receipt this Period: **416.66**

Payroll Deduction

**C. Janusz Burzynski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Squire Hill Road

City Longwood State FL Zip Code 32779

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

Name of Employer: PMG Cardiology, Inc.  
Occupation: Corp Med Dir Cardi

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **03 / 24 / 2015**  
**Transaction ID : A676DB60F8CBD4950B6F**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **766.66**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 93
	<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. Young Byun MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2600 West 7th St  
 Apt 2530  
 City Fort Worth State TX Zip Code 76107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A56EFA6C5982B42F0AC2**  
 Amount of Each Receipt this Period: 300.00  
 Payroll Deduction

**B. Joseph M Calabro**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1402 SE 2nd St  
 City Fort Lauderdale State FL Zip Code 33301  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: President And COO  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A9B5CDAAAF14C4E31B59**  
 Amount of Each Receipt this Period: 5000.00  
 Payroll Deduction

**C. Andrew Sean Campbell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 423 Westridge Circle  
 City Anaheim State CA Zip Code 92651  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Reg Dir Patient Accts15  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : AA4B45BC77DEA4CE3AC8**  
 Amount of Each Receipt this Period: 60.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5360.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 423 Westridge Circle

City Anaheim	State CA	Zip Code 92651
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A8DDC9336B82E4AE2BC8**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

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

Mailing Address 7207 Edloe

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : ACEB679E90B2841FCA86**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

**C. Mary M Carlson**  
Full Name (Last, First, Middle Initial)

Mailing Address 229 Creekside Lane

City Coppell	State TX	Zip Code 75019
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Practice Manager
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2015

**Transaction ID : A3BF5A87766D84FC4A1E**

Amount of Each Receipt this Period  

250.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>510.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Barbara Carr MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14116 Fontana  
 City Leawood State KS Zip Code 66224  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Kansas, P.A. Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A94DBD324FE424FEFA88**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Paul T Carrell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5215 Buckman Mountain Rd  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Texas, Inc. Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A187D9BE055254F44835**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. Ronald P Carzoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 3rd AVe South  
 1101  
 City Jacksonville Beach State FL Zip Code 32250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A5300376BE6884911A93**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 Winslow Way  
City Swansea State MA Zip Code 02777  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir PDX Analytcl Research  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A70EDF417BAA24370AE0**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**B. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 321 Winslow Way  
City Swansea State MA Zip Code 02777  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir PDX Analytcl Research  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : ADE4806F2ED28429C820**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**C. Elmer K Choi MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 407 Park Street SE  
City Vienna State VA Zip Code 22180-5806  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: American Anesthesiology of Virginia, P Occupation: Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **300.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AB8EC350598F247118FE**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **200.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. David A Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 7489 Nw 117th Lane

City Parkland State FL Zip Code 33076

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Division President West

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A0B1A6313A32D4FAD8E7**

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

**B. Bradley Clark**  
Full Name (Last, First, Middle Initial)

Mailing Address 57 Stonewall Drive

City Cumberland State ME Zip Code 04021

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

Name of Employer: American Anesthesiology, Inc. Occupation: Dir Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 27 / 2015  
**Transaction ID : ACE916098F15344BE9D4**

Amount of Each Receipt this Period: 300.00

**C. Reese H Clark MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11539 NW 72nd Place

City Parkland State FL Zip Code 33076

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP & CoDirector of CREQ

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2800.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A80F3056E81F941EFB3C**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5400.00

**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 22 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jason Clemens</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : AC89EBFE35ACB40FBA9C</b>
Mailing Address 11 Island Avenue Apt 1205 Apt 1405		Amount of Each Receipt this Period 1000.00
City Miami Beach	State FL	Zip Code 33139
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation VP Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Bobby Clifton MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : AC7C02B05B6CF4E2FB01</b>
Mailing Address 1312 Montrose Dr		Amount of Each Receipt this Period 100.00
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Brittany Clyne MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A59222AB2A326481D958</b>
Mailing Address 2208 Hastings Dr		Amount of Each Receipt this Period 75.00
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Cameron Cole MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8239 New Cut Rd  
City Campo Bello State SC Zip Code 29322  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of South Carol  
Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **375.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : ADA268E6F5860498983E**  
Amount of Each Receipt this Period: 125.00  
Payroll Deduction

**B. Jose Colindres MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16775 NW 20 Street  
City Pembroke Pines State FL Zip Code 33028  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Florida, In  
Occupation: Neonatologist  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **750.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A5D7AE9EBB6E74DDF8B2**  
Amount of Each Receipt this Period: 250.00  
Payroll Deduction

**C. Steve Collins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10468 Laurel Road  
City Davie State FL Zip Code 33328  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Mednax Services, Inc.  
Occupation: SVP Business Development  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1500.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AB2C0B4C7C5074CF8801**  
Amount of Each Receipt this Period: 500.00  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Larry Consenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Farmer St  
 City Syracuse State NY Zip Code 13203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group Neonatology an  
 Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A1883347025964BDAA84**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**B. Larry Consenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Farmer St  
 City Syracuse State NY Zip Code 13203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group Neonatology an  
 Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AAB2059E9228E4AA69B1**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**C. William B Corkey MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1413 Dogwood Lane  
 City Raleigh State NC Zip Code 27607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of North Carol  
 Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AF79CE3D9BF634AC7B37**  
 Amount of Each Receipt this Period: 85.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 185.00  
**TOTAL** This Period (last page this line number only)..... ▶



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave  
 Ne  
 City Redmond State WA Zip Code 98053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Perinatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A9FE5EF0851AF4CD6B86**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**B. Jorge Del Toro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 NW 125th Avenue  
 Unit 317  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: CMO VP Medical Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **962.01**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A022B7284D76148CB9CE**  
 Amount of Each Receipt this Period: 320.67  
 Payroll Deduction

**C. Matthew J Devine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Needham Court  
 City Delray Beach State FL Zip Code 33445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: VP Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1041.65**

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A869BF1D05E6C4756948**  
 Amount of Each Receipt this Period: 208.33  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **629.00**  
**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 26 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Matthew J Devine</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A0CF95F5F3C1644178CE</b>
Mailing Address 2902 Needham Court		Amount of Each Receipt this Period 208.33
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Susan A Dotzler MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A3E1A5E30851B4E5B933</b>
Mailing Address 1203 Ashbury Bay		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. James Doyle MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A6A9DFE521D6B4FD99D5</b>
Mailing Address 2137 Queens Road East		Amount of Each Receipt this Period 100.00
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	408.33
<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 27 OF 93
	<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. Cedric Dupont MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Pascal Lane

City Austin State TX Zip Code 78746

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A968DC4E5DA9B42C2B22**

Amount of Each Receipt this Period 100.00

Payroll Deduction

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

Mailing Address PO Box 82070

City Las Vegas State NV Zip Code 89180-2070

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

Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 04 / 2015  
**Transaction ID : ABAAFEF1411B74B3D85F**

Amount of Each Receipt this Period 300.00

**C. Delphine Eichorst MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 173 S Lookout Mt Rd

City Golden State CO Zip Code 80401

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

Name of Employer Obstetrix Medical Group of Colorado, P Occupation Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 23 / 2015  
**Transaction ID : A233F114EA46948A3B5A**

Amount of Each Receipt this Period 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	900.00
<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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 3127 Windsong Dr

City State Zip Code  
Oakton VA 22124

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AAA446451B1834ADEAD2**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City State Zip Code  
Hollywood FL 33021

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A63EB84434E7A4AC6A55**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

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

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City State Zip Code  
Hollywood FL 33021

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A86FF06394DFC413EA26**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.66
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 93
<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. Alan Fishman MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 108 Los Gatos Blvd

City Los Gatos	State CA	Zip Code 95030
-------------------	-------------	-------------------

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

Name of Employer Obstetrix Medical Group of California,	Occupation Corporate Medical Director
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : ACEBBA22987BE4B4CB7f**

Amount of Each Receipt this Period  

500.00
--------

Payroll Deduction

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

Mailing Address 2207 Peninsula Ave

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AEC4B08495CF949549C9**

Amount of Each Receipt this Period  

85.00
-------

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : AD51D935C8E9F467FA34**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>685.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 30 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A04D4B60132914420A8C**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 1014 Priory Place

City McLean State VA Zip Code 22101

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : ADB7CCA2F5DC5492CAFA**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Barclay Gang**

Mailing Address 738 NE 74 St Apt 2801

City Miami State FL Zip Code 33138

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

Name of Employer Occupation  
Mednax Services, Inc. Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
458.35

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A271B63C134E043FCB0E**

Amount of Each Receipt this Period  
291.67

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 491.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Barclay Gang**

Mailing Address 738 NE 74 St  
Apt 2801

City Miami State FL Zip Code 33138

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.02

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A806FD9D9AD89493F846**

Amount of Each Receipt this Period  
41.67

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Sanjuanita GarzaCox MD**

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A8A483153DEA6463F99F**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. Sanjuanita GarzaCox MD**

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A925F654A95F1424A8E4**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 458.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Maniya Gatmaitan</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A8ABF837C6A65408E886</b>
Mailing Address 645 W 9th Street Unit 706 Apt 706		Amount of Each Receipt this Period 62.50
City Los Angeles	State CA	Zip Code 90015
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional Counsel 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	

Full Name (Last, First, Middle Initial) <b>B. Maniya Gatmaitan</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A39039670EA9142E0928</b>
Mailing Address 645 W 9th Street Unit 706 Apt 706		Amount of Each Receipt this Period 62.50
City Los Angeles	State CA	Zip Code 90015
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Regional Counsel 15
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) <b>C. Richard Gilbert MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : ADCA39902E114497793E</b>
Mailing Address 1001 Coconut Drive Apt 104		Amount of Each Receipt this Period 100.00
City Ft Lauderdale	State FL	Zip Code 33315
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation VP Chief Med Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<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 33 OF 93
<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. Nicholas E Glaser**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3601 147th Place SE  
 City Mill Creek State WA Zip Code 98012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Operations15  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 10 / 2015  
**Transaction ID : A194B9348E3DA4CA0B4A**  
 Amount of Each Receipt this Period: **250.00**

**B. Mario I Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 48  
 City Tallahassee State FL Zip Code 32302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Div Dir Managed Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A358E256CA87E4A788CF**  
 Amount of Each Receipt this Period: **50.00**  
 Payroll Deduction

**c. Mario I Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 48  
 City Tallahassee State FL Zip Code 32302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Div Dir Managed Care  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AA1DD09BB011646A7BCD**  
 Amount of Each Receipt this Period: **50.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 93
	<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. Jennifer Granberry**  
Full Name (Last, First, Middle Initial)

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A2B8104CCB87441FCA71**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A0E2EFA7AE6F24924B4D**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

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

Mailing Address 6423 Collins Avenue  
Unit 1405

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A96D922544BCE4CFD99C**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>220.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 93
	<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. Katherine Grichnik MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A531389C0C85B4B74BA9**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **578.20**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : A83B5DA115DB24060983**  
 Amount of Each Receipt this Period **115.64**  
 Payroll Deduction

**C. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **693.84**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A7E48EFA0090E4B4AA4A**  
 Amount of Each Receipt this Period **115.64**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 93
	<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. Marek Grzeszczak MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6308 Leconte Park

City Brentwood State TN Zip Code 37027

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 03 / 24 / 2015  
**Transaction ID : A271390B7571649F0A18**

Amount of Each Receipt this Period: 250.00

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

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173

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

Name of Employer: American Anesthesiology of the Southea, Occupation: Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A8204CDD3D7D340D98F1**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

**C. Robert D Ham**  
Full Name (Last, First, Middle Initial)

Mailing Address 202 Cecilia Court

City College Station State TX Zip Code 77845

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

Name of Employer: American Anesthesiology of Texas, Inc., Occupation: Practice Administrator

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : AAED9A08B21FF4BE9B9A**

Amount of Each Receipt this Period: 300.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Peter Haney MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : AA19F17DD164E44658E2</b>
Mailing Address 200 Chimney Rock		Amount of Each Receipt this Period 83.33
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 249.99	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. William Hawk</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A3DFB4BB3A4BB4DA5AB:</b>
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 229.17
City Ft Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Div COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1145.85	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. William Hawk</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : ADAB9152327E942B48D3</b>
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 229.17
City Ft Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Div COO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.02	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	541.67
<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 38 OF 93
	<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. Suzanne Heck**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 SW 16th St

City Boca Raton State FL Zip Code 33486

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Div CFO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **03 / 13 / 2015**  
**Transaction ID : A432F69A474524AC9B0F**

Amount of Each Receipt this Period: **1500.00**

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **03 / 13 / 2015**  
**Transaction ID : A37DFFB95969D45769BF**

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

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : AE74C2291C5724CDB9CA**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1600.00**

**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 39 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial)  
**A. Hartley Hinds**

Mailing Address 6011 Orchard Tree Lane

City Tamarac	State FL	Zip Code 33319
-----------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Tech Serv Engineer II
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A218BF20153AF47C698C**

Amount of Each Receipt this Period  

300.00
--------

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Roger Mack Hinson MD**

Mailing Address 8320 84th Avenue SE

City Mercer Island	State WA	Zip Code 98040
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A85CFEA112BA54D60B3B**

Amount of Each Receipt this Period  

2117.82
---------

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

Mailing Address 14220 Cervantes Avenue

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AF2D523C380F640259D1**

Amount of Each Receipt this Period  

150.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2567.82</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 40 OF 93
	<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. Victor N Iskersky MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 305 Club Colony Cir

City Blythewood State SC Zip Code 29016

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 208.33

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A35767911CAE24EDFA7C**

Amount of Each Receipt this Period: 208.33

Payroll Deduction

**B. Jack Jacob MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 316 E 15th Ave

City Anchorage State AK Zip Code 99501

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

Name of Employer: Alaska Neonatology Associates, Inc.  
Occupation: Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : AA3EA1635506843FBB3C**

Amount of Each Receipt this Period: 2500.00

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

Mailing Address 420 Hendon Row Way

City Fort Mill State SC Zip Code 29715

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : ADF8B1E6B1C3A4927B24**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2808.33
<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 41 OF 93
	<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. Paul Jaszewski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AC127B5EE8C754028B9E**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

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

Mailing Address 3804 Woodcutter's Way

City Austin	State TX	Zip Code 78746-1543
----------------	-------------	------------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A6A7ABBB815C64A83945**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C. Shannon L Jenkins DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 3511 N 1590 W

City PLEasant Grove	State UT	Zip Code 84062
------------------------	-------------	-------------------

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

Name of Employer Mountain States Neonatology, Inc.	Occupation Medical Director NICU
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A22736DD780894BD2AE1**

Amount of Each Receipt this Period  
50.00

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 42 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Shannon L Jenkins DO</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 31 / 2015 <b>Transaction ID : AD11871558CE046C7BC6</b>
Mailing Address 3511 N 1590 W		Amount of Each Receipt this Period 50.00
City Pleasant Grove	State UT	Zip Code 84062
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mountain States Neonatology, Inc.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Jill M Jimenez</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 13 / 2015 <b>Transaction ID : A0C74F57DB1474659AD7</b>
Mailing Address 12021 SW 32nd Street		Amount of Each Receipt this Period 300.00
City Davie	State FL	Zip Code 33330
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Bus Dev Internal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. David M Kanter MD</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 03 / 20 / 2015 <b>Transaction ID : AA9AA44FAD50E4924B84</b>
Mailing Address 1 Huntly Dr		Amount of Each Receipt this Period 5000.00
City Palm Beach	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation VP Medical Coding	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5350.00
<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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 11224 Handlebar Rd

City Reston	State VA	Zip Code 20191
----------------	-------------	-------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir Operations
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **611.73**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A386852A9438E40848EB**

Amount of Each Receipt this Period  

83.33
-------

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City Reston	State VA	Zip Code 20191
----------------	-------------	-------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir Operations
---	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **695.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A32C0045B352A476A8C7**

Amount of Each Receipt this Period  

83.33
-------

Payroll Deduction

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

Mailing Address 3440 NE 15th Avenue

City Oakland Park	State FL	Zip Code 33334
----------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Chief Pilot & AviationMgr
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A087E9B58C7214D229D0**

Amount of Each Receipt this Period  

75.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>241.66</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 44 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3440 NE 15th Avenue

City Oakland Park State FL Zip Code 33334

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

Name of Employer Mednax Services, Inc. Occupation Chief Pilot & AviationMgr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : A2E162C6B4DA741A29CD**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

**B. Alexander Kenton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 302 W Lynwood Ave

City San Antonio State TX Zip Code 78212

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **03 / 13 / 2015**

**Transaction ID : AB86DAFC8A14645B88C4**

Amount of Each Receipt this Period **200.00**

Payroll Deduction

**C. Alexander Kenton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 302 W Lynwood Ave

City San Antonio State TX Zip Code 78212

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : A4D1B7B8C4BB04F0D91C**

Amount of Each Receipt this Period **200.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **475.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Elizabeth Krueger MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2420 Valley Brook Road  
 City Nashville State TN Zip Code 37215  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Tennessee, Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A98388C8532A04AA4951**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Eric Kurzweil MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2215 Red Sky Road  
 PO Box 307  
 City Wolcott State CO Zip Code 81655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Cardiology of New Mexico, P. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : A3FDDFB821FDB4EF1B17**  
 Amount of Each Receipt this Period  
 2500.00

**C. Tony M Lacaze**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4342 Indian Creek Ln  
 City Frisco State TX Zip Code 75034  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : A3A9C04B7F5E24DF3B3A**  
 Amount of Each Receipt this Period  
 208.33  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2808.33
<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 46 OF 93
	<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. Tony M Lacaze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : A7CCA968297B64D79876**

Amount of Each Receipt this Period: **208.33**

Payroll Deduction

**B. Michael J Lang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10422 E Windrose Drive

City Scottsdale State AZ Zip Code 85259-2422

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

Name of Employer: Obstetrix Medical Group of Phoenix, P. Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : A8BAFCD90635840CEB35**

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

Payroll Deduction

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

Mailing Address 2555 E Plateau Drive

City Boise State ID Zip Code 83712

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt: **03 / 13 / 2015**  
**Transaction ID : A3808C8912CBC4DC4BB4**

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

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>370.83</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 47 OF 93
<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. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2555 E Plateau Drive

City Boise State ID Zip Code 83712

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

Name of Employer Mountain States Neonatology, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A120CAE1225A7461083E**

Amount of Each Receipt this Period **62.50**

Payroll Deduction

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

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : ACE0EFC75BFA849A8B6A**

Amount of Each Receipt this Period **62.50**

Payroll Deduction

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

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : AB25790ED8055493CBDC**

Amount of Each Receipt this Period **62.50**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **187.50**

**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 48 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Eric Leung MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A82F6D194F7064752998</b>
Mailing Address 2720 Boyer Ave E 1900		Amount of Each Receipt this Period 200.00
City Seattle	State WA	Zip Code 98102
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group of Washington,	Occupation Corp Med Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) <b>B. Peter Levine</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : ACF3FA4494EE244B09DC</b>
Mailing Address 1192 Skylark Drive		Amount of Each Receipt this Period 100.00
City Weston	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Peter Levine</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A89C617FFE0264942BB1</b>
Mailing Address 1192 Skylark Drive		Amount of Each Receipt this Period 100.00
City Weston	State FL	Zip Code 33327
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<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 49 OF 93
<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. Christine A Lewandowski**  
Full Name (Last, First, Middle Initial)

Mailing Address 9047 Ribbons Ridge Pt

City Boynton Beach	State FL	Zip Code 33473
-----------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP Patient Accounts
---	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : A9AB94A2BD9C74FD7B31**

Amount of Each Receipt this Period  
1000.00

Payroll Deduction

**B. Beverly Gail Lim**  
Full Name (Last, First, Middle Initial)

Mailing Address 201 NE 4th Street

City Boca Raton	State FL	Zip Code 33432
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : AB89CE607D7ED455B3C**

Amount of Each Receipt this Period  
400.00

Payroll Deduction

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

Mailing Address 134 Perrin Place  
Apt 3A

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A3046B140BEE44B86AA7**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1475.00
<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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. WM Long III</b>		Date of Receipt
Mailing Address 309 Seminole Ave		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Ft Lauderdale	FL	33312
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Anesthesiology, Inc.	RVP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : <b>A34235337596A4A399E4</b>
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Vivian Lopez LopezBlanco</b>		Date of Receipt
Mailing Address 290 West McIntrye		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Key Biscayne	FL	33149
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	
		Transaction ID : <b>A5FD8B43636944940998</b>
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Lisa A LowerySmith MD</b>		Date of Receipt
Mailing Address 7821 Night Hawk Road		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
Chattanooga	TN	37421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Tennessee,	Corp Med Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.01"/>	
		Transaction ID : <b>AAD251D435DB14D29BAF</b>
		Amount of Each Receipt this Period
		<input type="text" value="666.67"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="8166.67"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Gerald Maccioli MD**

Mailing Address 3903 Laurel Manor Ct

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : ABBF7A1305F734F018B3**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Robert Manning**

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 13 / 2015**

**Transaction ID : A027C894A61274600818**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. Robert Manning**

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **03 / 31 / 2015**

**Transaction ID : A88F0E2C9FA6D4749839**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **190.00**

**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 52 OF 93
<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**

Full Name (Last, First, Middle Initial) <b>A. Bruce Manno</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A3F850AE7CD0948C0839</b>
Mailing Address 1257 Ginger Circle		Amount of Each Receipt this Period 130.85
City Weston State FL Zip Code 33326	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer Mednax Services, Inc. Occupation Dir Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 654.25

Full Name (Last, First, Middle Initial) <b>B. Bruce Manno</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : A8AFA472FFBCB4BA0AA0</b>
Mailing Address 1257 Ginger Circle		Amount of Each Receipt this Period 130.85
City Weston State FL Zip Code 33326	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer Mednax Services, Inc. Occupation Dir Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 785.10

Full Name (Last, First, Middle Initial) <b>C. Eric W Mason MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : ADB74ED720D104CFAA72</b>
Mailing Address 333 Las Olas Way Apt 3005		Amount of Each Receipt this Period 416.67
City Ft Lauderdale State FL Zip Code 33301	FEC ID number of contributing federal political committee. C	Payroll Deduction
Name of Employer American Anesthesiology, Inc. Occupation Regional President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	678.37
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 93
	<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. Stefan R Maxwell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Chatham Road  
 City Charleston State WV Zip Code 25304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, P.C. Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : AB74B5809DFFE45F5A55**  
 Amount of Each Receipt this Period  
 416.67  
 Payroll Deduction

**B. Timothy W McCarron Jr**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 816 NE 28th St Apt 9  
 City Wilton Manors State FL Zip Code 33334  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Mgr Accounting Analysis  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 13 / 2015  
**Transaction ID : A0418ABB660DC4B6DA41**  
 Amount of Each Receipt this Period  
 1000.00  
 Payroll Deduction

**C. Jorge McCormack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Brightwaters Circle NE  
 City St Petersburg State FL Zip Code 33704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Pediatric Cardiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A7AD7E7CA2F8A46D29C0**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1516.67
<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:	PAGE 54 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 7528 Waterview Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A6BFF97AB2B124C269A1**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**B. Kevin McGovern**  
Full Name (Last, First, Middle Initial)

Mailing Address 4075 w ridgeview drive

City davie	State FL	Zip Code 33330
---------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation VP Corp Fin Plan Analysis
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : AE888DEF359C4C1782E**

Amount of Each Receipt this Period  
1000.00

Payroll Deduction

**C. Steven E McGraw**  
Full Name (Last, First, Middle Initial)

Mailing Address 704 Old Stone Trail

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

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

Name of Employer American Anesthesiology of Tennessee	Occupation Practice Adminr ANES
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A2C8FD01FC3B646ABAFC**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1325.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Roger Medel MD**

Mailing Address 3035 Sorrel Court

City Weston State FL Zip Code 33331

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

Name of Employer Mednax Services, Inc. Occupation Ceo

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A0CAF4942A005487DB60**

Amount of Each Receipt this Period  
5000.00

Payroll Deduction

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

Mailing Address 25470 Prado De Las Bellotas

City Calabasas State CA Zip Code 91302

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AE04B06361A3E423D8C0**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. Hugh Miller MD**

Mailing Address 7417 N Secret Canyon Drive

City Tucson State AZ Zip Code 85718

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

Name of Employer Obstetrix Medical Group of Arizona, P. Occupation Medical Director PERI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AF5784FBBDE5E4497B73**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5250.00

**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 56 OF 93
<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. David Mintz**  
Full Name (Last, First, Middle Initial)

Mailing Address 2006 Havemeyer Lane

City Redondo Beach State CA Zip Code 90278

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A1EF8C1A400044FB4BC8**

Amount of Each Receipt this Period: 2500.00

Payroll Deduction

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

Mailing Address 228 Geese Landing

City Glen Allen State VA Zip Code 23060

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A5C98853D7EF044BC800**

Amount of Each Receipt this Period: 95.00

Payroll Deduction

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

Mailing Address 228 Geese Landing

City Glen Allen State VA Zip Code 23060

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A1D1E8BA825B24E02A81**

Amount of Each Receipt this Period: 95.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2690.00

**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 57 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mary Ann Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 SE Mizner Blvd B407  
Apt B407

City Boca Raton State FL Zip Code 33432

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

Name of Employer Mednax Services, Inc. Occupation VP Chief Compliance Off

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : AA646EF20E1B043B68EC**

Amount of Each Receipt this Period 1500.00

Payroll Deduction

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

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587

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

Name of Employer American Anesthesiology of North Carol Occupation Chief Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : AFB092A3FB8024294B6D**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587

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

Name of Employer American Anesthesiology of North Carol Occupation Chief Anesthetist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 03 / 27 / 2015  
**Transaction ID : A4207CABBFC0D4AACB8/**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00

**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 58 OF 93
<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. Arthur Myers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1351 NE 46 St

City Oakland Park State FL Zip Code 33334

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A3833606B103C42A4BFE**

Amount of Each Receipt this Period: 300.00

Payroll Deduction

**B. Ronald A Naglie MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 25135 Stageline Dr

City Laguna Hills State CA Zip Code 92653

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A9A932B3C1C4F4E53916**

Amount of Each Receipt this Period: 150.00

Payroll Deduction

**C. Vijay Nama MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3101 Kennison Court

City Plano State TX Zip Code 75093

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1248.00

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A18603869D3BC4C7FA62**

Amount of Each Receipt this Period: 416.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 866.00

**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 59 OF 93
<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. Kathleen S O'Hara**  
Full Name (Last, First, Middle Initial)

Mailing Address 760 Azalea Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A58C6FC87E10C4993B41**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 760 Azalea Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A9EBCEB26CA794CE986A**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**C. Alan B Oliver**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Ocean Trail Way T3  
Suite 200

City Jupiter	State FL	Zip Code 33477
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : ADC9ACFBB8C5246789C1**

Amount of Each Receipt this Period  

600.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 93
	<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. Amil Ortiz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 139 Park Ridge

City Boerne State TX Zip Code 78006

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.34

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A47DCD2D7C41A487E854**

Amount of Each Receipt this Period  
104.17

Payroll Deduction

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A3C2080D2EE3B437AAC5**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AA8B56B8D47194857B85**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 224.17

**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 61 OF 93
	<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. Francisco Paez MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3716 Oak Ridge Lane

City Weston State FL Zip Code 33331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : AA0CB782908754BD6B77**

Amount of Each Receipt this Period 2000.00

Payroll Deduction

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

Mailing Address 1100 Metropolitan Ave Unit 403

City Charlotte State NC Zip Code 28204

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A6119C46CE359487DA04**

Amount of Each Receipt this Period 75.00

Payroll Deduction

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

Mailing Address 10126 Summit View Pt

City Highland Ranch State CO Zip Code 80126

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AA7958BF607CB43EFA59**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2175.00

**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 62 OF 93
<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. Hanoch Patt MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3005 Scenic Drive

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Corporate Medical Directr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.01

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A2D9E54FB39514D1CA14**

Amount of Each Receipt this Period  
416.67

Payroll Deduction

**B. Darren Patz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 NE 99th Street

City Miami Shores	State FL	Zip Code 33138
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1041.65

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A391F7BF86CEC47B8AE9**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**C. Darren Patz**  
Full Name (Last, First, Middle Initial)  
Mailing Address 253 NE 99th Street

City Miami Shores	State FL	Zip Code 33138
----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1249.98

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AA0BFA4DF99F54434AE9**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.33
<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 63 OF 93
	<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. Joshua A Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 1319 SW 5th Ave  
904

City Boca Raton State FL Zip Code 33432

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A67EBD9DDD5DE451C996**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 1319 SW 5th Ave  
904

City Boca Raton State FL Zip Code 33432

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AD4CE9BFF942149B1AC4**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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

Name of Employer Mednax Services, Inc. Occupation VP Accounting & Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : ADA8894188FC64834AB7**

Amount of Each Receipt this Period  
400.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 93
	<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. Manuel Peregrino MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23 Westwind Drive  
 City Lemoyne State PA Zip Code 17043  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Pennsylvania Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A8B37DC4335F14B1EA43**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Carlos Perez MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 11913  
 City San Juan State PR Zip Code 00922-1913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, S.P. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A9EE81D63C9294558A85**  
 Amount of Each Receipt this Period  
 416.67  
 Payroll Deduction

**C. Jose A PerezDiaz**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Pediatrix Medical Group, S.P. Dir Operations  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A3E3934D8EEAA4F4C836**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	616.67
<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 65 OF 93
	<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. Rebecca E Perry MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4330 Bridle Way  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 11 / 2015**  
**Transaction ID : A98939FB977944EC395B**  
 Amount of Each Receipt this Period **1000.00**

**B. Maria R Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 W Elm Circle  
 City San Antonio State TX Zip Code 78230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1041.65**

Date of Receipt **03 / 13 / 2015**  
**Transaction ID : A78021A5B618B4FEA8B0**  
 Amount of Each Receipt this Period **208.33**  
 Payroll Deduction

**C. Maria R Pierce MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 W Elm Circle  
 City San Antonio State TX Zip Code 78230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1249.98**

Date of Receipt **03 / 31 / 2015**  
**Transaction ID : A6A0A4794CAEE40478BD**  
 Amount of Each Receipt this Period **208.33**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1416.66**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ira Pinnelas MD</b>		Date of Receipt
Mailing Address 115 Camphor Tree Lane		<input type="text" value="03"/> / <input type="text" value="04"/> / <input type="text" value="2015"/>
City	State	Zip Code
Altamonte Springs	FL	32714
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AB45A14DEA7104087AD8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Florida, In	Pediatric Hospitalist	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Enrique N Ponte MD</b>		Date of Receipt
Mailing Address 112 Camino Penaseo		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City	State	Zip Code
El Paso	TX	79912
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A6A26493C9BED4B3EBA7</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Medical Director NICU	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Arnold Poole</b>		Date of Receipt
Mailing Address 12149 Huske Road		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City	State	Zip Code
Stony Creek	VA	23882
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A139F926258E64337BD8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Regional President East	<input type="text" value="208.33"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="943.89"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3008.33"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 93
	<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. Arnold Poole**  
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City Stony Creek State VA Zip Code 23882

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President East

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1152.22

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A10EFF075B3A446CEA28**

Amount of Each Receipt this Period 208.33

Payroll Deduction

**B. George Powers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Sequoia Drive

City San Antonio State TX Zip Code 78232

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 13 / 2015  
**Transaction ID : AC44331F91F4F43C4B10**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**C. George Powers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 Sequoia Drive

City San Antonio State TX Zip Code 78232

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AB0E6C279DA8045E7BE7**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 408.33

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Richard Powers MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Gemini Ct

City Los Gatos State CA Zip Code 95032

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

Name of Employer: Pediatrix Medical Group of California, Occupation: Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2700.00**

Date of Receipt: **03 / 13 / 2015**

**Transaction ID : A71C3CC6289C34F0E962**

Amount of Each Receipt this Period: **741.36**

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

Mailing Address 110 Gemini Ct

City Los Gatos State CA Zip Code 95032

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

Name of Employer: Pediatrix Medical Group of California, Occupation: Medical Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt: **03 / 31 / 2015**

**Transaction ID : A15951E5F8EDC4C00A8A**

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

Payroll Deduction

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

Mailing Address 3144 Legends Circle

City Lakeland State FL Zip Code 33803

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt: **03 / 31 / 2015**

**Transaction ID : A77009AA3BDFA4EDAB34**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **926.36**

**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 69 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A35E2E7AD25BC43EBAA4**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**B. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A1D09A78BE02A490B97D**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**C. Patricia Ramsay MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2581 Luberon Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : AAC30A671B92E4090A16**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 70 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Patricia Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Luberon Drive  
 City Henderson State NV Zip Code 89044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AE98B3F0F4EAC4A698A4**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. Nasir Rashid MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12201 Juniper Blossom Place 3rd floor NICU  
 City Clarksburg State MD Zip Code 20871  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix of Maryland, P.A. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A41FB18531B904AED86F**  
 Amount of Each Receipt this Period 300.00  
 Payroll Deduction

**C. Bobby L Ray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6127 Bayswater Lane  
 City Hixson State TN Zip Code 37343  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of Tennessee Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A514207D271A64D0990C**  
 Amount of Each Receipt this Period 300.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 650.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 71 OF 93
<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. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Ridge Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A9714F137469D43FFAE6**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**B. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Ridge Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A45A2B2C4CED74059B63**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

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

Mailing Address 1530 Wyatt Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : ADBBA8199BB2641D2A1F**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 93
	<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. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth	State FL	Zip Code 33467
--------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Benefits
---	----------------------------

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
03	/	13	/	2015

**Transaction ID : A221DF46869994C2D963**

Amount of Each Receipt this Period  
350.00

Payroll Deduction

**B. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth	State FL	Zip Code 33467
--------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Benefits
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A18550EF863D84D9A8D4**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. David Salama MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 16741 100 Norman Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A7BED93D4BB5D47F89FD**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	475.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)  
**A. Idelsi Sanchez**

Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
461.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : AEBD1E2FAD69D451A95F**

Amount of Each Receipt this Period  
92.37

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Idelsi Sanchez**

Mailing Address 3941 SW 186th Way

City Miramar	State FL	Zip Code 33029
-----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
554.22

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A0A7E3D0958FD4169BB0**

Amount of Each Receipt this Period  
92.37

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
312.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A53FC39DF4FC848E789F**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	247.24
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (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 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Debra Sansoucie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3663 Whipoorwill Blvd  
City Punta Gorda State FL Zip Code 33950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP AdvPr Program  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : AC753DA0493BB4771A1C**  
Amount of Each Receipt this Period: 62.50  
Payroll Deduction

**B. Clair A Schwendeman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17616 Ivy Hill Drive  
City Dallas State TX Zip Code 75287  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt: 03 / 13 / 2015  
**Transaction ID : A3EF16356AAFA4505B6B**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**c. Clair A Schwendeman MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 17616 Ivy Hill Drive  
City Dallas State TX Zip Code 75287  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **600.00**

Date of Receipt: 03 / 31 / 2015  
**Transaction ID : A9C591918864846A9BE5**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **262.50**  
**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 75 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Jonathan Siadman</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015
Mailing Address 3601 NE 25th Ave		<b>Transaction ID : A315BD69DA0E5468B847</b>
City Fort Lauderdale	State FL	Zip Code 33308
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 300.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Financial Analyst	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>B. Richard A Sidebottom MD</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015
Mailing Address 1305 Byron Nelson Pkwy		<b>Transaction ID : AD7B9A6F0813940D1A06</b>
City Southlake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Janice K Smith</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015
Mailing Address 9762 E Inglewood Circle		<b>Transaction ID : AA15C911D09374960A45</b>
City Mesa	State AZ	Zip Code 85207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 750.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Patient Accts	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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:	PAGE 76 OF 93
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Brenda Sommer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City Boca Raton	State FL	Zip Code 33487
--------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Clin Mgr Chart Abstractor
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.05**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A6B8E1F1562984983916**

Amount of Each Receipt this Period  

63.01
-------

Payroll Deduction

**B. Brenda Sommer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City Boca Raton	State FL	Zip Code 33487
--------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Clin Mgr Chart Abstractor
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **378.06**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AA8501BBBE758446D909**

Amount of Each Receipt this Period  

63.01
-------

Payroll Deduction

**C. Bharath Srivatsa MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1917 North Akin Drive NE

City Atlanta	State GA	Zip Code 30345
-----------------	-------------	-------------------

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

Name of Employer Neonatology Associates of Atlanta, P.C	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	28	/	2015

**Transaction ID : A49647CB512C9440B841**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>326.02</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Michael D Stanley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6452 Fianna Hills Dr  
 City Fort Worth State TX Zip Code 76132-4481  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional President-south Centr  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt: **03 / 17 / 2015**  
**Transaction ID : ACC15FB690CF34B4FB14**  
 Amount of Each Receipt this Period: **5000.00**

**B. Craig Steiner MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4709 Camargo Court  
 City College Station State TX Zip Code 77845-4405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **375.00**

Date of Receipt: **03 / 31 / 2015**  
**Transaction ID : AE134B0ECE653470C848**  
 Amount of Each Receipt this Period: **125.00**  
 Payroll Deduction

**C. Julia L Stones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6541 Ne 20 Terrace  
 City Ft Lauderdale State FL Zip Code 33308  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: Dir Marketing  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **425.00**

Date of Receipt: **03 / 13 / 2015**  
**Transaction ID : A208D28A5B83644F0941**  
 Amount of Each Receipt this Period: **85.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **5210.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 93
	<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. Julia L Stones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6541 Ne 20 Terrace

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

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

Name of Employer Mednax Services, Inc.	Occupation Dir Marketing
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
510.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AC57BD902144D47EABF0**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**B. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 NE 48th Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
520.85

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A38F0F7B686CE449AB29**

Amount of Each Receipt this Period  
104.17

Payroll Deduction

**C. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 NE 48th Court

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
625.02

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A21E8E21DDE6748EABD8**

Amount of Each Receipt this Period  
104.17

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	293.34
<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 79 OF 93
<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. Terrence J Sweeney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 17th Avenue East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Washington, Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : AB1626FB0DC264BCB9B7**  
 Amount of Each Receipt this Period  
 140.00  
 Payroll Deduction

**B. James D Swift MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1435 Brickell Avenue Unit 52D  
 City Miami State FL Zip Code 33131  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Chief Dev Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 20 / 2015  
**Transaction ID : ABB96A200E3714295BB7**  
 Amount of Each Receipt this Period  
 5000.00

**C. Bannie Lee Tabor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 Still Meadow Drive  
 City Ft Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Medical Director PERI  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 31 / 2015  
**Transaction ID : A77D38BE2F2784F138D8**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5340.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. B Keith Taylor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 108 Linden Avenue  
 City Lynchburg State VA Zip Code 24503  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, P.C. Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : ADF6B05878AB84AF884D**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Harris Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7643 NW 122nd Drive  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology, Inc. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 830.00

Date of Receipt  
 03 / 13 / 2015  
**Transaction ID : A0D1A1AD6EA34464FB1A**  
 Amount of Each Receipt this Period  
 166.00  
 Payroll Deduction

**C. Harris Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7643 NW 122nd Drive  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology, Inc. Regional President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 996.00

Date of Receipt  
 03 / 31 / 2015  
**Transaction ID : A23B47C3A05CF422C8A2**  
 Amount of Each Receipt this Period  
 166.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 432.00  
**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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

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

Mailing Address 1420 Crownhill DR

City State Zip Code  
Arlington TX 76012

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
681.81

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A5156A57AC1004C10AAB**

Amount of Each Receipt this Period  
227.27

Payroll Deduction

**B. Joe Toney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City State Zip Code  
Greenwood Village CO 80111

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

Name of Employer Occupation  
Obstetrix Medical Group of Colorado, P Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A29DABFA7E567486E9A8**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**C. Susan F Townsend MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 14th St  
Unit 3710

City State Zip Code  
Denver CO 80202

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A11BD9557494E4884BEA**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 552.27

**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 82 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Robert M Treadway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Briar Stream Run  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol  
 Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2015  
**Transaction ID : AE1BCD54B98AE4370ACF**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**B. Gary A Twiggs MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 24761 Judi Court Ste 4000  
 City Laguna Niguel State CA Zip Code 92677  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group, Inc.  
 Occupation Regional President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250.01

Date of Receipt 03 / 31 / 2015  
**Transaction ID : A337016989DCB4AD1A43**  
 Amount of Each Receipt this Period 416.67  
 Payroll Deduction

**C. Karen R Underwood MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11834 N 142nd Street  
 City Scottsdale State AZ Zip Code 85259  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of Phoenix, P.  
 Occupation Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt 03 / 13 / 2015  
**Transaction ID : A6A62215A5B89493D890**  
 Amount of Each Receipt this Period 208.33  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 725.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Julio Vallette MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Normandy Dr

City Indialantic State FL Zip Code 32903

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AA81221E13AB045EFBCD**

Amount of Each Receipt this Period  
500.00

Payroll Deduction

**B. Alfonso Vargas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 Starfire Causeway

City Oldsmar State FL Zip Code 34677

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A88103A9474B644D9AD6**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C. James Vernie**  
Full Name (Last, First, Middle Initial)

Mailing Address 8268 Rosalie Lane

City Wellington State FL Zip Code 33414

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

Name of Employer Occupation  
Mednax Services, Inc. VP Technical Svcs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : AB0FEE606E64645A8B59**

Amount of Each Receipt this Period  
1000.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7960 Simonds Road NE

City Kenmore	State WA	Zip Code 98028
-----------------	-------------	-------------------

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

Name of Employer Obstetrix Medical Group of Washington,	Occupation Practice Med DirPERI
--	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A6C743E92033344D5B9F**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction

**B. Brian Walsh**  
Full Name (Last, First, Middle Initial)

Mailing Address 3441 NW 18 Street

City Miami	State FL	Zip Code 33125
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **208.34**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A46618ED521B14AFD903**

Amount of Each Receipt this Period  

104.17
--------

Payroll Deduction

**C. Charlene Warren**  
Full Name (Last, First, Middle Initial)

Mailing Address 4851 NE 29th Ave

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

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

Name of Employer Mednax Services, Inc.	Occupation VP Risk Mgmt & Creden
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A814ACB4194D04F908EF**

Amount of Each Receipt this Period  

2500.00
---------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2729.17</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 93
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22535 Lynridge

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	13	/	2015

**Transaction ID : A77011E37AC8641C9B35**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Mary Wearden MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22535 Lynridge

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : A31B3109C58F84CCBBEF**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**c. William Wegh DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1812 Funny Cide Ln

City Waxhaw	State NC	Zip Code 28173
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

**Transaction ID : AEB6181C539CE45B69FE**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 86 OF 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Richard Weissmark</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A0161BCFA11814213873</b>
Mailing Address 8383 NW 30 STREET		Amount of Each Receipt this Period 600.00
City Cooper City	State FL	Zip Code 33024
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir OperHearing Screen
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Mike Williams</b>		Date of Receipt MM / DD / YYYY 03 / 13 / 2015 <b>Transaction ID : A9479C93CD442485EB22</b>
Mailing Address 11287 Crutchfields Ct		Amount of Each Receipt this Period 100.00
City Glen Allen	State VA	Zip Code 23059
FEC ID number of contributing federal political committee. C	Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Mike Williams</b>		Date of Receipt MM / DD / YYYY 03 / 31 / 2015 <b>Transaction ID : ACCD717902DD64BE496C</b>
Mailing Address 11287 Crutchfields Ct		Amount of Each Receipt this Period 100.00
City Glen Allen	State VA	Zip Code 23059
FEC ID number of contributing federal political committee. C	Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 93
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Bonnie Wilson</b>		Date of Receipt
Mailing Address 2100 South Ocean Blv		<input type="text" value="03"/> / <input type="text" value="13"/> / <input type="text" value="2015"/>
City State Zip Code Fort Lauderdale FL 33316		<b>Transaction ID : A271D65C5236847FAA1E</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="625.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Bonnie Wilson</b>		Date of Receipt
Mailing Address 2100 South Ocean Blv		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code Fort Lauderdale FL 33316		<b>Transaction ID : AE8B6B32706094E8BB74</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="750.00"/>	

Full Name (Last, First, Middle Initial) <b>c. Janet G Wingkun MD</b>		Date of Receipt
Mailing Address 1178 Breakers West Blvd		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2015"/>
City State Zip Code West Palm Beach FL 33411		<b>Transaction ID : ABB003E6DD7D24EBB877</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="83.34"/>
Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.02"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="333.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 88 OF 93
	<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. Lee Wood**  
Full Name (Last, First, Middle Initial)

Mailing Address 29122 N 149th St  
Unit 458

City Scottsdale State AZ Zip Code 85262

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. RVP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  
03 / 13 / 2015  
**Transaction ID : A6FDBE3E5D78A47EEBD4**

Amount of Each Receipt this Period  
1500.00

Payroll Deduction

**B. Peter K Wu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 908 Symphony Circle SW

City Vienna State VA Zip Code 22180

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

Name of Employer Occupation  
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A4559193F089C467894B**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 2301 Fireside Circle

City Reno State NV Zip Code 89509

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : AF3DEE92556D545AEA67**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1800.00

**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: PAGE 89 OF 93  
(check only one)

<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.** Full Name (Last, First, Middle Initial)  
**Terrance J Zuerlein MD**

Mailing Address 21 Fontenay Circle

City Little Rock State AR Zip Code 72223

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

Name of Employer Occupation  
Pediatrix Medical Group of Arkansas, P Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  
03 / 31 / 2015  
**Transaction ID : A1916767037334F48A0E**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	105692.57

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 90 OF 93  
(check only one)

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

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

**A. Mednax, Inc**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1301 Concord Ter  
City Sunrise State FL Zip Code 33323-2843  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 536.70

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 12 / 2015  
**Transaction ID : A27EA08842D3A4C6B81F**  
Amount of Each Receipt this Period  
378.72  
Reimbursement of February bank fees

**B.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	378.72
<b>TOTAL</b> This Period (last page this line number only).....▶	378.72

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : BA2BF6D20B85E45F79F7

Amount of Each Disbursement this Period

67.49

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

67.49

67.49

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF ERIK PAULSEN**

Mailing Address P.O. BOX 44369  
250 PRAIRIE CENTER DRIVE

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Erik Paulsen**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: MN District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : BD130D6751DC3485C986**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Impact**

Mailing Address 509 Madison Ave  
Suite 1902

City New York State NY Zip Code 10022

Purpose of Disbursement  
Political Contribution- 2015

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  Primary  General  Other (specify) ▼  
State: District: Other2015

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : B56C23590AC2E4A6A8DC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. RENEE ELLMERS FOR CONGRESS COMMITTEE**

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name  
**Rep. Renee L. Ellmers**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NC District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

**Transaction ID : B878E44FB0A6F48CDBD0**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

10000.00

10000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Dr. Dan Brown For Senate**

Mailing Address PO Box 934

City Rolla State MO Zip Code 65402-0934

Purpose of Disbursement  
Political Contribution- Primary 2018

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
03 / 16 / 2015

Transaction ID : BA80FACD77288416B827

Amount of Each Disbursement this Period

1500.00

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

Amount of Each Disbursement this Period

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

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1500.00

1500.00