

**SCHEDULE A (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"/> 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. Hartley Hinds
Full Name (Last, First, Middle Initial)

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

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2567.82
TOTAL This Period (last page this line number only).....▶	