



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		610519.87
(b) Cash on Hand at Beginning of Reporting Period.....	558572.40	
(c) Total Receipts (from Line 19) .....	31816.69	744309.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	590389.09	1354828.97
7. Total Disbursements (from Line 31).....	94544.58	858984.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	495844.51	495844.51
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).....	30940.32	684429.96
(ii) Unitemized .....	833.16	54548.92
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	31773.48	738978.88
(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) .....	31773.48	738978.88
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).....	43.21	830.22
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4500.00
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))..... ▶	31816.69	744309.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	31816.69	744309.10

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	44.58	784.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	44.58	784.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53500.00	380600.00
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	250.00
(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	250.00
29. Other Disbursements .....	41000.00	327350.00
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)) ..	94544.58	858984.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	94544.58	858984.46

**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) .....	31773.48	738978.88
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31773.48	738728.88
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	44.58	784.46
37. Offsets to Operating Expenditures (from Line 15, page 3).....	43.21	830.22
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1.37	-45.76

**SCHEDULE A (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 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A6928711FD7E34AA3946**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 366 Cortona Drive

City Westlake Hills State TX Zip Code 78746

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 ▼ **3400.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A56A9E795A21F47DD87D**

Amount of Each Receipt this Period **100.00**

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 ▼ **643.78**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : A239D933BF2F849BEABE**

Amount of Each Receipt this Period **37.87**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **237.87**

**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 132
<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. 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 ▼ **681.65**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A4876E5C39A8E43EEABB**

Amount of Each Receipt this Period  

37.87
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Payroll Deduction

**B. Kaashif A Ahmad MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11814 Elmscourt

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 ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AC7AA43FB9FEF4C0DB28**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

**C. Kaashif A Ahmad MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11814 Elmscourt

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 ▼ **360.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AF8DC8909748947BA9AA**

Amount of Each Receipt this Period  

20.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>77.87</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 8 OF 132
<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. Shannon S Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10200 Waters Dr  
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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **879.23**

Date of Receipt: **09 / 15 / 2014**  
**Transaction ID : AD65C82EE977849EB9AB**  
Amount of Each Receipt this Period: **51.72**  
Payroll Deduction

**B. Shannon S Allen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10200 Waters Dr  
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:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **930.95**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A1669D5704BE54901932**  
Amount of Each Receipt this Period: **51.72**  
Payroll Deduction

**C. Robert Alphin MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4028 John S Raboteau Wynd  
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 ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A5FB0FF03F93247EF834**  
Amount of Each Receipt this Period: **100.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **203.44**  
**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 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City	State	Zip Code
Albuquerque	NM	87107

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : A39B78037521646B3ABE**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

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

Mailing Address 6803 Lost Garden Ter

City	State	Zip Code
Parkland	FL	33076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4250.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : ACAE834B8E2374746BB4**

Amount of Each Receipt this Period  
**250.00**

Payroll Deduction

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

Mailing Address 6803 Lost Garden Ter

City	State	Zip Code
Parkland	FL	33076

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : A3225B4832860444EBE9**

Amount of Each Receipt this Period  
**250.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>575.00</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 10 OF 132
	<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. Travis Ansley DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Crooked Stick Dr

City Rock Hill State SC Zip Code 29730

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 ▼ **450.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A5D60BAB24F6E4FFF9DF**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**B. Zenaida P Aranda MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 249 Clendenny Ave

City Jersey City State NJ Zip Code 07304-1112

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

Name of Employer Pediatrix Medical Group Neonatology an Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A5496D196B38A42E5AB9**

Amount of Each Receipt this Period **30.00**

Payroll Deduction

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

Mailing Address 1435 Natchez Way

City Grayson State GA Zip Code 30017-1070

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

Name of Employer Pediatrix Medical Group of Georgia, P. Occupation Corporate Medical Directr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AF18EDE40C7F448A4A09**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 132
	<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. Eddie Arredondo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1827 Magliano Drive

City Boynton Beach State FL Zip Code 33436

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : A91CEDEF943FE43D297D**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

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

Mailing Address 1827 Magliano Drive

City Boynton Beach State FL Zip Code 33436

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

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

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  
**09 / 30 / 2014**

**Transaction ID : A91D3A4E37D3049AB980**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

**C. Jennifer F Arriza**  
Full Name (Last, First, Middle Initial)

Mailing Address 1948 SW 177 Ave

City Miramar State FL Zip Code 33029

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

Name of Employer Mednax Services, Inc. Occupation VP Applications

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : A5C5D1FBD6B984C1DB33**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jennifer F Arriza</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : ADABD69AB9DBD427AAB</b>
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Ronda K Ash</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : A83D54AD7928C4EE7AB3</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 108.90
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 of CodingANES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1722.60	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Ronda K Ash</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : AEB421A8562244656B31</b>
Mailing Address 3927 Lawson Blvd		Amount of Each Receipt this Period 108.90
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 of CodingANES
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1831.50	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	242.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 132
	<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. Erhan Atasoy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4756 Sharpstone Lane

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 Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A860CA1A8AEFC41648F0**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**B. 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 Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : A0C86E00945B64B89B15**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 15814 Seekers St

City San Antonio State TX Zip Code 78255

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A3310F56A6845472991A**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ronald 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 American Anesthesiology of Virginia, P Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AEE76F58FEFFB416C9EA**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 111 Pembroke Dr

City Palm Beach Gardens State FL Zip Code 33418

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 ▼ **1175.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AAF98FB2CAC33445C93A**

Amount of Each Receipt this Period **125.00**

Payroll Deduction

**C. Andrew Charles H Barton MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 813 Wood Cove Road

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : A4B5C393DFAA74BF2878**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 132
	<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. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City State Zip Code  
 Wilmington NC 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A8052407092AF48D0A8E**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction

**B. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City State Zip Code  
 San Antonio TX 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 ▼  
 4250.00

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : A7AB0B332F15F4B87805**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction

**C. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City State Zip Code  
 San Antonio TX 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 ▼  
 4500.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : AC7ADA99C1E014C6EB33**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 525.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 132
	<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. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5413 Andrews Reach Loop Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A9A1AA38E075B4F9D9D3**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

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

Mailing Address 5413 Andrews Reach Loop Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AC9BA6F11AAA8438AB91**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

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

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 Pediatrix Medical Group of Louisiana,	Occupation Corp Med Director NICU
---	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AE778C08B151F476A91E**

Amount of Each Receipt this Period  

150.00
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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 17 OF 132
	<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. Valerie J Bell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2973 Cheroakwood Lane

City Rockford State IL Zip Code 61114

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

Name of Employer Occupation  
Pediatrix Medical Group of Illinois, P Med Dir Ped Hosp

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt  
**09 / 30 / 2014**  
Transaction ID : **AB74263C78E2A405193F**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

**B. Jwalanaiah Bellur MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6521 NE 21 Way

City Ft Lauderdale State FL Zip Code 33308

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
**09 / 30 / 2014**  
Transaction ID : **A3E5F618269AB479AB3D**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**C. Jennifer L Benoit**  
Full Name (Last, First, Middle Initial)

Mailing Address 13830 SW 33rd Court

City Davie State FL Zip Code 33330

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Dir Office Based Ops

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  
**09 / 15 / 2014**  
Transaction ID : **A2930760342F749CAAA3**

Amount of Each Receipt this Period  
**20.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **145.00**

**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 132
	<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 L Benoit**  
Full Name (Last, First, Middle Initial)

Mailing Address 13830 SW 33rd Court

City Davie State FL Zip Code 33330

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Office Based Ops

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A879706B967714E88999**

Amount of Each Receipt this Period: **20.00**

Payroll Deduction

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

Mailing Address 460 Lanternback Island Drive # 1508

City Satellite Beach State FL Zip Code 32937

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 ▼ **900.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A7F253EA36E014EE39EC**

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

Payroll Deduction

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

Mailing Address 8050 Colonial Woods

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : A3540D0B44170453D86A**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **165.00**

**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 19 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8050 Colonial Woods

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **810.00**

Date of Receipt: **09 / 30 / 2014**

Transaction ID : **A760BA2BEF0494C8DB7E**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction

**B. Jenna E Black MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1405 North Topsail Dr

City Surf City State NC Zip Code 28445

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **284.24**

Date of Receipt: **09 / 15 / 2014**

Transaction ID : **A21EEAEE46A8749CB93F**

Amount of Each Receipt this Period: **16.72**

Payroll Deduction

**C. Jenna E Black MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1405 North Topsail Dr

City Surf City State NC Zip Code 28445

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.96**

Date of Receipt: **09 / 30 / 2014**

Transaction ID : **AC7EFA89D55F44576872**

Amount of Each Receipt this Period: **16.72**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **78.44**

**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 132
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	<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. Kimberly J Bowden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 SE 3rd Avenue  
 City Pompano Beach State FL Zip Code 33060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Acctg Project Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 230.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : A7B54604F4B5340069FD**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**B. Kimberly J Bowden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1220 SE 3rd Avenue  
 City Pompano Beach State FL Zip Code 33060  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Acctg Project Mgr  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A15123D24FEB94E2FBC5**  
 Amount of Each Receipt this Period 10.00  
 Payroll Deduction

**C. Albert V Brawley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Brae Burn Drive  
 City Martinez State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Georgia, P. Occupation Hospital Medical Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A0BE02FC1313C4FE096C**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00  
**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 132
	<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. Aretas Braziuнас MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6450 Brookview Circle

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 Pediatric Intensivist
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2800.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AFC040BF0C41A41C383A**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Aretas Braziuнас MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6450 Brookview Circle

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 Pediatric Intensivist
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A72E8453F5D114300865**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**C. David R Breed MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1310 S College St

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A0251A7BE8B39420FBFE**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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 22 OF 132
	<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. David R Breed MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 S College St

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AD6F2A5FEA9724E7A96A**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

**B. 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 ▼ 1050.00

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A1AB20CEEFAA04D21B1C**

Amount of Each Receipt this Period: 100.00

Payroll Deduction

**C. Brigit V Brock MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 109 NE 62nd Street

City Seattle State WA Zip Code 98115-6534

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 ▼ 225.00

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AF412A3A63DA944B9AA1**

Amount of Each Receipt this Period: 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 132
	<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 M Brouhard MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1905 S Moorings Drive

City Wilmington State NC Zip Code 28405

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : A5DDBAB590B1E425EB9A**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 1905 S Moorings Drive

City Wilmington State NC Zip Code 28405

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A1CC41BD0E6F14881B19**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

**C. Jeffrey M Brown MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1044

City Vail State CO Zip Code 81657

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AD09684F0B13F4AB4B01**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **75.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 132
	<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 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 ▼  
3749.94

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A104DF01A4C3C4913B34**

Amount of Each Receipt this Period  
416.66

Payroll Deduction

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

Mailing Address 2 Hedge 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 Medical Director Anesth

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AD2ADCE904923405F950**

Amount of Each Receipt this Period  
50.00

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 Pat Accts 15

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1020.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A2593E6E8DA95487585E**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 526.66

**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 25 OF 132
	<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 Pat Accts 15  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1080.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : ABB262EE23D614150B72**  
 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 **1800.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AC024F859FD3E4EA99DF**  
 Amount of Each Receipt this Period: **200.00**  
 Payroll Deduction

**C. 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: Pediatrix Medical Group of Kansas, P.A. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A215600837B3340AD91C**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **360.00**  
**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 132
	<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 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 American Anesthesiology of Texas, Inc.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ACBBC9A8999584425BBC**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**B. 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 Pediatrix Medical Group of Florida, In	Occupation Corporate Medical Directr
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A0E4E339F7EEA486E93F**

Amount of Each Receipt this Period  

125.00
--------

Payroll Deduction

**C. Amy L Cassidy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 8873 Cravenwood Dr

City Oak Ridge	State NC	Zip Code 27310
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A1394B40D695F4AC5ABE**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>275.00</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 28 OF 132
	<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 73 Elm Street  
 City Swansea State MA Zip Code 02777  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : AB6693C928CE740D5BC1**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Carroll L Chambers JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 Cutchin Dr  
 City Charlotte State NC Zip Code 28210-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A5D37AFA9221D40B68E8**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll Deduction

**C. Russell Cheaney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1411 Greenway Dr  
 City Shelby State NC Zip Code 28150  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist Assoc  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : ACC818A1F54E9426DA11**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 132
	<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. 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AB2C091649F7141C7B16**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**B. 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 ▼ 3100.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A2767EDBA03634CF0A8A**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Bobby Clifton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1312 Montrose Dr  
 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AA0F7148FFDEF413CAE8**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 132
	<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 Closius**  
Full Name (Last, First, Middle Initial)

Mailing Address 4301 Willow Ridge Drive

City Weston State FL Zip Code 33331

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

Name of Employer Mednax Services, Inc. Occupation Mgr Network Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : AC921A779EF5B4793AD0**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction

**B. Brittany Clyne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1629 Sterling Road

City Charlotte State NC Zip Code 28209

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 ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : A8C1CDE4155ED4DA8841**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

**C. Bridget A Cobb MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6883 Blantyre Blvd

City Stone Mountain State GA Zip Code 30087

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

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

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  
**09 / 30 / 2014**

**Transaction ID : A43E1297F6C874C31995**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **160.00**

**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 31 OF 132
	<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. Cameron Cole MD</b>		Date of Receipt
Mailing Address 8239 New Cut Rd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Campo Bello SC 29322		<b>Transaction ID : A22D2E7CA6FFA4AF89D3</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 South Carol	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="1125.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Jose Colindres MD</b>		Date of Receipt
Mailing Address 16775 NW 20 Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Pembroke Pines FL 33028		<b>Transaction ID : A45A634A24802408285B</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 Group of Florida, In	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="2250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Steve Collins</b>		Date of Receipt
Mailing Address 10468 Laurel Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Davie FL 33328		<b>Transaction ID : A6A4FFEF93DE4475DA1D</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Mednax Services, Inc.	Occupation SVP Business Development	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="4500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="875.00"/>
<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 32 OF 132
	<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. 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 ▼ **850.00**

Date of Receipt: **09 / 15 / 2014**  
Transaction ID : **AF8613D06FCE24BB3ACA**

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 ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **A6C39CE3160CA418D97C**

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 ▼ **765.00**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **A177BFD56ADBA4543873**

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 33 OF 132
	<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. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs  
City Buda State TX Zip Code 78610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional HS Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **425.00**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : ABEEB1CE8DE6447D4AD**  
Amount of Each Receipt this Period: 25.00  
Payroll Deduction

**B. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs  
City Buda State TX Zip Code 78610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional HS Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A8921A3CFCBD44A8E8EA**  
Amount of Each Receipt this Period: 25.00  
Payroll Deduction

**c. J Thomas Thomas Cox JRMD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2488 W Keswick Road  
City Florence State SC Zip Code 29501  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of South Carol Occupation: Neonatologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1125.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A26A28ACFE28A45D98F6**  
Amount of Each Receipt this Period: 125.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 132
	<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. Amanda R Crow MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 414 Cutler Street  
 City Raleigh State NC Zip Code 27603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol  
 Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 315.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A57AADB4545F249C998E**  
 Amount of Each Receipt this Period 35.00  
 Payroll Deduction

**B. Margaret D Davis MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5115 Park Drive  
 City Vermilion State OH Zip Code 44089  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Ohio Corp.  
 Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A34721C0C490746928D5**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A59DB229FD89747AC80E**  
 Amount of Each Receipt this Period 100.00  
 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 35 OF 132
	<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. 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 **2886.03**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A1139B77726EC4E6D962**  
 Amount of Each Receipt this Period **320.67**  
 Payroll Deduction

**B. Bruce J Denenny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Winterberry Ct  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : AA636BEEC9A4C49EA8F8**  
 Amount of Each Receipt this Period **50.00**  
 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 **3541.61**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : A2853A22E4FD44673A62**  
 Amount of Each Receipt this Period **208.33**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **579.00**  
**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 36 OF 132
	<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. Matthew J Devine**

Mailing Address 2902 Needham Court

City State Zip Code  
Delray Beach FL 33445

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**3749.94**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : A2FF3F52EC90E4ABBA76**

Amount of Each Receipt this Period  
**208.33**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Christopher A Dixon DO**

Mailing Address 144 Edgewater Lane

City State Zip Code  
Wilmington NC 28403

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**212.50**

Date of Receipt  
**09 / 15 / 2014**

**Transaction ID : A97DB3533D5C54114A53**

Amount of Each Receipt this Period  
**12.50**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. Christopher A Dixon DO**

Mailing Address 144 Edgewater Lane

City State Zip Code  
Wilmington NC 28403

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**225.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : A1C592AE340724688A16**

Amount of Each Receipt this Period  
**12.50**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **233.33**

**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 37 OF 132
	<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 D Doise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Emergent and Critical Care S  
 Occupation: Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : A12242D5805A5422782F**  
 Amount of Each Receipt this Period: 25.00  
 Payroll Deduction

**B. Rebecca D Doise MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 475 I49 S Service Road  
 City Sunset State LA Zip Code 70584  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Emergent and Critical Care S  
 Occupation: Medical Director ER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A6A323F6F627E473F83A**  
 Amount of Each Receipt this Period: 25.00  
 Payroll Deduction

**C. Susan A Dotzler MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1203 Ashbury Bay  
 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 ▼ 700.00

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A59B0D89CB54C46E2BC2**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. James Doyle MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2137 Queens Road East  
 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 **900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : AD76F81386AD249C5950**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. 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 **900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A0896E2778E4F4D28B2D**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**C. Julie Dyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7710 Scrapeshin Trail Apt 107  
 City Chattanooga State TN Zip Code 37421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Tennessee, Occupation NNP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **340.00**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : AAE5BCB50C61E46A0941**  
 Amount of Each Receipt this Period **20.00**  
 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 39 OF 132
	<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. Julie Dyer**  
Full Name (Last, First, Middle Initial)

Mailing Address 7710 Scrapeshin Trail  
Apt 107

City Chattanooga State TN Zip Code 37421

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

Name of Employer Occupation  
Pediatrix Medical Group of Tennessee, NNP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A4935575A76A843F6BD8**

Amount of Each Receipt this Period  
20.00

Payroll Deduction

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

Mailing Address 4 Sailview Cove

City Greensboro State NC Zip Code 27455

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A235545B2428F4E09915**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. Daniel P Eller**  
Full Name (Last, First, Middle Initial)

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs State GA Zip Code 30350

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

Name of Employer Occupation  
Pediatrix Medical Group of Georgia, P. Corp Med Director PERI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : ABE5EFF1D335B40DCAC4**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 195.00

**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 40 OF 132
	<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 Elrod MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 110 Oxford Circle

City State Zip Code  
Bossier City LA 71111

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : A8805D620800542D5A6B**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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 ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : AC5E5BE431F1F4F7F830**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 2614 Mimosa Place

City State Zip Code  
Wilmington NC 28403

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2014  
**Transaction ID : AD153D4DBC41145D2926**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 132
	<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. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ACE4046917BEB4CCDA75**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 617 Blair Street

City Greensboro	State NC	Zip Code 27408
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A6EA9F60CFFC9457ABBD**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 2903 Hamden Drive

City Greensboro	State NC	Zip Code 27405
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A511BB91A9ACA4772AD3**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>125.00</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 42 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 906 W Cornwallis Drive

City Greensboro State NC Zip Code 27408

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A4A0020B987BB4B03A27**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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

Mailing Address 2207 Peninsula Ave

City Shelby State NC Zip Code 28150

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 ▼ **765.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A2E161E2561CD46378DD**

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 Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : AE496327531E6413A9C2**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **235.00**

**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 43 OF 132
	<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. Simon Frisch</b>		Date of Receipt
Mailing Address 3816 W Hibiscus Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Weston	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>A03EADA78DBB240B29B9</b>
Pediatrix Medical Group, Inc.	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1800.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Josephine Gambardella MD</b>		Date of Receipt
Mailing Address 1014 Priory Place		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>ACA8F7B41392C4A84B00</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="checkbox"/> Other (specify) ▼	<input type="text" value="900.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Barclay Gang</b>		Date of Receipt
Mailing Address 2127 Brickell Avenue Apt 2801		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Miami	FL	33129
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>A8311F5E9351548F584D</b>
Mednax Services, Inc.	Staff Counsel	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="708.39"/>	<input type="text" value="41.67"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="241.67"/>
<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 44 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 2127 Brickell Avenue  
Apt 2801

City Miami State FL Zip Code 33129

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 ▼  
750.06

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A91DEFA1DC16F4A56B23**

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 ▼  
3541.61

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : ACE25A4D18603453C91C**

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 ▼  
3749.94

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A676A9783F5344F49BA5**

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 45 OF 132
	<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. Maniya Gatmaitan**  
Full Name (Last, First, Middle Initial)

Mailing Address 645 W 9th Street Unit 706  
Apt 706

City Los Angeles State CA Zip Code 90015

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **725.00**

Date of Receipt: **09 / 15 / 2014**

**Transaction ID : AD9A20923516448DDB68**

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

Payroll Deduction

**B. Maniya Gatmaitan**  
Full Name (Last, First, Middle Initial)

Mailing Address 645 W 9th Street Unit 706  
Apt 706

City Los Angeles State CA Zip Code 90015

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Sr Regional Counsel 15

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **787.50**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A82265634060448DFBF9**

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

Payroll Deduction

**C. Richard Gilbert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1001 Coconut Drive  
Apt 104

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A0A97449D69F54929832**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **225.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 132
	<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. 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 ▼ **850.00**

Date of Receipt: **09 / 15 / 2014**

**Transaction ID : ACEA353E4984247E08DA**

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

Payroll Deduction

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

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302

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 ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A61FB4DBCA81F488C8E2**

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

Payroll Deduction

**C. 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: Pediatrix Medical Group, Inc. Occupation: VP Med Coding Ops and IM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt: **09 / 15 / 2014**

**Transaction ID : A5C1F022A2BC84AC1B25**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **160.00**

**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 47 OF 132
<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. 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: Pediatrix Medical Group, Inc. Occupation: VP Med Coding Ops and IM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AF882418CB5D648EDBC5**

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

Payroll Deduction

**B. Katherine Grichnik**  
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 ▼ **2300.00**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : A235C02FFCD840F88FC**

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

Payroll Deduction

**C. Katherine Grichnik**  
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 ▼ **2400.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A85A7AF8A83F747A09A1**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **260.00**

**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 48 OF 132
	<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. 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 ▼ 1908.59

Date of Receipt 09 / 15 / 2014  
**Transaction ID : AD586BA20CBF346DFA5F**

Amount of Each Receipt this Period 112.27

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 ▼ 2020.86

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A221E17FC767C4E85AAD**

Amount of Each Receipt this Period 112.27

Payroll Deduction

**C. Shawn Guffin MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4017 Churchill Rd

City Charlotte State NC Zip Code 28211

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 09 / 30 / 2014  
**Transaction ID : AC6A4BB6D387F45E58A1**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 249.54

**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 49 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Timothy E Gundlach MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9008 Unbridle Lane  
 City Waxhaw State NC Zip Code 28173  
 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 **900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A5E8FEE1962EE475B963**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. Charles M Hahn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6317 Shinn Creek Lane  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **425.00**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : ADBCFEEB3C9F648FEAFA**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction

**C. Charles M Hahn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6317 Shinn Creek Lane  
 City Wilmington State NC Zip Code 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A79CB0C4D3814481A85E**  
 Amount of Each Receipt this Period **25.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 132
	<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. Peter Haney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 200 Chimney Rock

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:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **749.97**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A0679861C186A41B68C0**

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

Payroll Deduction

**B. Joseph Harlan JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Kathwood Court

City Florence State SC Zip Code 29501-1975

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

Name of Employer: Pediatrix Medical Group of South Carol Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3600.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A457D0AABC77244F38EB**

Amount of Each Receipt this Period: **400.00**

Payroll Deduction

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

Mailing Address 5904 Snow Hill Drive

City Summerfield State NC Zip Code 27358

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

Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A59C452B56DB840BBBB3**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **533.33**

**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 51 OF 132
	<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. William Hawk**  
Full Name (Last, First, Middle Initial)

Mailing Address 1542 SE 13th Street

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3895.89

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AFD8F1E9F655A47B4A11**

Amount of Each Receipt this Period  
229.17

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

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:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4125.06

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A79063D4709D04EAAAFF**

Amount of Each Receipt this Period  
229.17

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 ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A891A070DFCC49CCBCE**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	508.34
<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 52 OF 132
	<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. 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 **900.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A02959828A26343B69A7**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**B. Adam S Hodierne MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 201 W Bessemer Avenue  
City Greensboro State NC Zip Code 27401  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A94E2BA0B92E04B34AB8**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**C. Brent Holway MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5400 Stonestrow Court  
City Charlotte State NC Zip Code 28226  
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 **450.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A24B01869F4FD4E328D8**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 132
	<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. Jean M Houy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7552 N Shores Dr

City	State	Zip Code
Navarre	FL	32566

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

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

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  
 09 / 15 / 2014  
**Transaction ID : A1ED220585ADB454BAB3**

Amount of Each Receipt this Period  
15.00

Payroll Deduction

**B. Jean M Houy**  
Full Name (Last, First, Middle Initial)

Mailing Address 7552 N Shores Dr

City	State	Zip Code
Navarre	FL	32566

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : AC7D713BA44544E26895**

Amount of Each Receipt this Period  
15.00

Payroll Deduction

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

Mailing Address 1019 Windlea Run

City	State	Zip Code
Wilmington	NC	28409

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
425.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : A4C3EF39BE6AC405E959**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	55.00
<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 54 OF 132
	<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. Kirk A Howard MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1019 Windlea Run

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A08C08D60A3A64A7E9D5**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 386 Nichols Run Ct

City State Zip Code  
Great Falls VA 22066-3047

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 ▼  
450.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A928D94BC2F7941D6B88**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 14220 Cervantes Avenue

City State Zip Code  
Darnestown MD 20874

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

Name of Employer Occupation  
Pediatrix of Maryland, P.A. Corp Med Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1350.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A8A9ED5D4DC1C49888C7**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 132
<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. Amy V Isenberg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Captains Lane

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : A62AB3FD4A6D545E5884**

Amount of Each Receipt this Period **20.00**

Payroll Deduction

**B. Amy V Isenberg MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Captains Lane

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A421E2B08645F4671806**

Amount of Each Receipt this Period **20.00**

Payroll Deduction

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

Mailing Address 420 Hendon Row Way

City Fort Mill State SC Zip Code 29715

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 ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A112192E9C2B04452AFB**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **140.00**

**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 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. 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 **675.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A660079A914C54BC2A9A**  
 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 **900.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : AFAC0DD57972E40A2B72**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**C. Martin B Jenkins MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9130 Anderton Springs Cove  
 City Memphis State TN Zip Code 38133-0900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Tennessee, Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A7B7BE3A0F8BC49439CF**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>225.00</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 58 OF 132
	<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. 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 ▼ 900.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AA30E960798DE4CCAA5E**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Drive N  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AE07E50A0F2C046A0BA0**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. 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 Director of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2223.43

Date of Receipt 09 / 15 / 2014  
**Transaction ID : A0DF0E39E6D194F1A8C2**  
 Amount of Each Receipt this Period 130.79  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**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 132
<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 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 Director of Operations  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **2354.22**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A90419C4B1A7C4650A5E**  
Amount of Each Receipt this Period **130.79**  
Payroll Deduction

**B. 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 **1050.00**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : AD8A8F6D0830A429B988**  
Amount of Each Receipt this Period **75.00**  
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 **1125.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A052831B1A40343B79B5**  
Amount of Each Receipt this Period **75.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **280.79**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Alexander Kenton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 West 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 ▼  
3400.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : A95E79A118D4C42B1A9E**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Alexander Kenton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 West 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 ▼  
3600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A201AAE778C9D48F7ADB**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**C. 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 Pediatrix Medical Group of Tennessee,	Occupation Neonatologist
---	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : A51F1D0F94CB342AD939**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 132
	<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 ▼ **3541.61**

Date of Receipt: **09 / 15 / 2014**  
Transaction ID : **AF0F7586F85894A1B834**

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

Payroll Deduction

**B. 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 ▼ **3749.94**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **AF216A65C2FB94CDB86A**

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

Payroll Deduction

**C. 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 ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **A0F80CB195CE74CE89B7**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **516.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stewart Lawrence MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2555 E Plateau Drive

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

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 ▼  
1062.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A6CC71702A6F24B5EA43**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**B. 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 ▼  
1125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A8FC98763D5BD49C68FE**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

**C. Barry M Lawson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5497 170 Place SE

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A73C15BDA09E94148857**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 132
	<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. 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 ▼ **932.50**

Date of Receipt: **09 / 15 / 2014**  
**Transaction ID : A4DF6F1E281194447AB8**

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 ▼ **995.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : AA80203488BE84D269BB**

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

Payroll Deduction

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

Mailing Address 1806 Intervail Dr

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 ▼ **450.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A5CFDBDF13C294F1E9CE**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 132
	<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. Eric Leung MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1000 1st Avenue  
1900

City Seattle State WA Zip Code 98104

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A495187258A864346B87**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

**B. Peter Levine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Sr Division Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1700.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A780D3347700A40B782F**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C. Peter Levine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Sr Division Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A6244DB8D37D148839B9**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 132
	<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. 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 Occupation  
Pediatrix Medical Group, Inc. VP Business Expansion

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AB8D0D84255FC4E0FBF3**

Amount of Each Receipt this Period  
400.00

Payroll Deduction

**B. William F Liu MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Ligon Court

City Fort Myers State FL Zip Code 33908

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1225.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AD6E02E2EF9CE40AE943**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 139 South Tryon St Apt 3A  
Apt 3A

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation  
American Anesthesiology of the Southea Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A3E908D28759D4F82BF0**

Amount of Each Receipt this Period  
75.00

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 66 OF 132
	<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 E Lubanski MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6415 Hawksbill Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : ADBEE75DB65884015B3D**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AFD7FDA561EA4441E938**

Amount of Each Receipt this Period  

25.00
-------

Payroll Deduction

**C. Steven A Lussos MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12701 Megill's Landing Lane

City Clifton	State VA	Zip Code 20124
-----------------	-------------	-------------------

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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A535C73070BE6419A921**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 132
	<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 ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AAEF614CB47F34F87A80**

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 ▼ **765.00**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : ABC82BDF86EF84D9BAF1**

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 ▼ **810.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A2CE79797D8A04EF3BDF**

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 68 OF 132
	<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. Bruce Manno**  
Full Name (Last, First, Middle Initial)

Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2159.68

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014

**Transaction ID : AE8AC52EF60304F17A68**

Amount of Each Receipt this Period  
127.04

Payroll Deduction

**B. Bruce Manno**  
Full Name (Last, First, Middle Initial)

Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2286.72

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : A112891FA6BA14EF08D6**

Amount of Each Receipt this Period  
127.04

Payroll Deduction

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

Mailing Address 333 Las Olas Way  
Apt 3005

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3750.03

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014

**Transaction ID : A89CAE0FEBBC774DFCA17**

Amount of Each Receipt this Period  
416.67

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	670.75
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 132
	<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. 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 ▼  
 3750.03

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A24249FB63AB44FCDBA3**  
 Amount of Each Receipt this Period  
 416.67  
 Payroll Deduction

**B. Brian A McConnell MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P O Box 354  
 City Great Falls State VA Zip Code 22066  
 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  
 09 / 30 / 2014  
**Transaction ID : A1B4E1E58D62241979A4**  
 Amount of Each Receipt this Period  
 25.00  
 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 ▼  
 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A4A82CB6E8BDD486BA3A**  
 Amount of Each Receipt this Period  
 100.00  
 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 70 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 6601 Cove Point Drive

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
255.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : AC5D08BB894CD4387958**

Amount of Each Receipt this Period  
15.00

Payroll Deduction

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

Mailing Address 6601 Cove Point Drive

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AC7145DCCE4C04DCBA50**

Amount of Each Receipt this Period  
15.00

Payroll Deduction

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

Mailing Address 7528 Waterview Drive

City State Zip Code  
Cornelius NC 28031

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

Name of Employer Occupation  
American Anesthesiology of the Southea Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
675.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AF57239D095854056BFA**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**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 132
	<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. Bahman Mehdizadeh MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A52A14B9D7B054F499C8**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Hugh Miller MD**  
 Full Name (Last, First, Middle Initial)  
 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 Occupation  
 Obstetrix Medical Group of Arizona, P. Medical Director PERI  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1350.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A389D863508124DBC9D0**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction

**C. Khawar Mohsini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1635 Linden Place  
 City Saginaw State MI Zip Code 48638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Michigan, P Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 4300.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A1CF1B0915F0D4A7D86B**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	450.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 132
	<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. Melissa P Montague**  
Full Name (Last, First, Middle Initial)

Mailing Address 228 Geese Landing

City State Zip Code  
Glen Allen VA 23060

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1615.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 15 / 2014**

**Transaction ID : A5C1886579D1A415D95C**

Amount of Each Receipt this Period  
**95.00**

Payroll Deduction

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

Mailing Address 228 Geese Landing

City State Zip Code  
Glen Allen VA 23060

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1710.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 30 / 2014**

**Transaction ID : A9C4BA7C546DC44E28D2**

Amount of Each Receipt this Period  
**95.00**

Payroll Deduction

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

Mailing Address 512 Dimock Way

City State Zip Code  
Wake Forest NC 27587

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

Name of Employer Occupation  
American Anesthesiology of North Carol Chief Anesthetist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**750.00**

Date of Receipt  
MM / DD / YYYY  
**09 / 12 / 2014**

**Transaction ID : A2918DEE31BBC446099D**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587

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 ▼ **800.00**

Date of Receipt  
**09 / 26 / 2014**

**Transaction ID : A46BC52A0C7174B32A52**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**B. Sara A Moseman DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1121 oleander lane  
Unit 330

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  
**09 / 30 / 2014**

**Transaction ID : AE5F80D76B17C41C2A8F**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

**C. Daniel Murphy MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 435 S Tryon Street Apt 904  
Unit 904

City Charlotte State NC Zip Code 28202

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 ▼ **450.00**

Date of Receipt  
**09 / 30 / 2014**

**Transaction ID : A74CF5FE16B974158B29**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **125.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 132
	<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. Christopher P Murray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11566 Snow Creek Ave  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Hospitalist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : A51AFDE8DE8E846EEA0A**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**B. Christopher P Murray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11566 Snow Creek Ave  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Hospitalist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A00B7F1733CF4430DA0D**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**C. 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 ▼ 1350.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : ADA89F16AF2A44B3BAA6**  
 Amount of Each Receipt this Period 150.00  
 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 75 OF 132
	<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. 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 ▼ **3744.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A2557F9A456DE4788B02**

Amount of Each Receipt this Period  

416.00
--------

Payroll Deduction

**B. Jean M Nelson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5212 Masonboro Harbour Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **212.50**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A4788F1DB4B1A4319AE0**

Amount of Each Receipt this Period  

12.50
-------

Payroll Deduction

**C. Jean M Nelson MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5212 Masonboro Harbour Dr

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A2C6EB390BB6B42A6A50**

Amount of Each Receipt this Period  

12.50
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>441.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 132
	<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. Nathaniel P Nonoy MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 S 2nd Street

City Wilmington	State NC	Zip Code 28401
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
284.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A8622BA6C0DF4498EA3D**

Amount of Each Receipt this Period  
16.72

Payroll Deduction

**B. Nathaniel P Nonoy MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 317 S 2nd Street

City Wilmington	State NC	Zip Code 28401
--------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.96

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A9DAD7AEBEB7E43EABD!**

Amount of Each Receipt this Period  
16.72

Payroll Deduction

**C. Kathleen S O'Hara**  
Full Name (Last, First, Middle Initial)  
Mailing Address 760 Azalea Ct

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
850.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AEBE212C418D14B1E952**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	83.44
<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 132
<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 of Coding

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A530D3AB5BE954ED7873**

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

Payroll Deduction

**B. Chien Oh MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10997 E Raintree Drive

City Scottsdale State AZ Zip Code 85255

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A73080CCED6174F9EBC9**

Amount of Each Receipt this Period: **125.00**

Payroll Deduction

**c. Olufemi O Okanlami MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 51310 Shamrock Hills Dr

City Granger State IN Zip Code 46530

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

Name of Employer: Pediatrix Medical Group of Indiana, P. Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A8BDD38F67AA84E22A5E**

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

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>425.00</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 78 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1020.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**Transaction ID : A3978778AB3F240CF9FA**

Amount of Each Receipt this Period  
**60.00**

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 Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1080.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : AC0633B532D574F23A14**

Amount of Each Receipt this Period  
**60.00**

Payroll Deduction

**C. 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 ▼ **675.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 30 / 2014**

**Transaction ID : A5D777E354E0D4E2CA52**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **195.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 132
	<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 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 ▼ **900.00**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **A8DB6B8F37A61496F981**

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

Payroll Deduction

**B. Michelle M Pastorello MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7333 Rietz Canyon Way

City Las Vegas State NV Zip Code 89131

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt: **09 / 15 / 2014**  
Transaction ID : **AD4D988FBEC8A4AA88C4**

Amount of Each Receipt this Period: **15.00**

Payroll Deduction

**C. Michelle M Pastorello MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7333 Rietz Canyon Way

City Las Vegas State NV Zip Code 89131

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **09 / 30 / 2014**  
Transaction ID : **AD52F55ECFCD245EDBC9**

Amount of Each Receipt this Period: **15.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **130.00**

**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 80 OF 132
	<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. 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 ▼ **3500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AE6E243B0DDBB450B9EE**

Amount of Each Receipt this Period  

500.00
--------

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 ▼ **3541.61**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A7093A7506EE64747976**

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 ▼ **3749.94**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AF2FEF70BE4234952A79**

Amount of Each Receipt this Period  

208.33
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>916.66</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 81 OF 132
	<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. Joshua Peck**  
Full Name (Last, First, Middle Initial)

Mailing Address 313 NE 2nd St  
904

City Ft Lauderdale State FL Zip Code 33301

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 ▼  
850.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A2F34B889031B488F831**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 313 NE 2nd St  
904

City Ft Lauderdale State FL Zip Code 33301

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 ▼  
900.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A76FD1C73480C4231878**

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 ▼  
3600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A6EC24CE4CC7E44C29A4**

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 82 OF 132
	<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. 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 ▼  
2916.69

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A126FB5DBB1BC44A09D3**

Amount of Each Receipt this Period  
416.67

Payroll Deduction

**B. 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. Director of Operations

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A9F7C1900B9A74D34816**

Amount of Each Receipt this Period  
100.00

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 Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3541.61

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A93FB1DB24CF7468D8E5**

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 132
	<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. Maria R Pierce MD</b>		Date of Receipt
Mailing Address 33 W Elm Circle		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3749.94"/>	
		Transaction ID : <b>AC272BF37D0DE4314870</b>
		Amount of Each Receipt this Period
		<input type="text" value="208.33"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Arnold Poole</b>		Date of Receipt
Mailing Address 12149 Huske Road		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Stony Creek	VA	23882
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, 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="3126.13"/>	
		Transaction ID : <b>AEE21261E230B4A8B9A2</b>
		Amount of Each Receipt this Period
		<input type="text" value="183.89"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Arnold Poole</b>		Date of Receipt
Mailing Address 12149 Huske Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Stony Creek	VA	23882
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, 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="3310.02"/>	
		Transaction ID : <b>A3B8F0D5A7A74447C843</b>
		Amount of Each Receipt this Period
		<input type="text" value="183.89"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="576.11"/>
<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 84 OF 132
	<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. 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 ▼ **1700.00**

Date of Receipt: **09 / 15 / 2014**  
**Transaction ID : A95EE3742854437983A**

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

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 ▼ **1800.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A1CDCEEA733A4054A1A**

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

Payroll Deduction

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

Mailing Address 146 W Park Dr Suite 9B

City Kingsport State TN Zip Code 37660

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A9724F96B37BB48D9918**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 132
	<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 **3200.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A674BC7DC53AC48E2A9E**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**B. 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 **730.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AA591648163C24879850**  
Amount of Each Receipt this Period: 85.00  
Payroll Deduction

**C. Jeanne Proia**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4441 NE 30th Terr  
City Lighthouse Pt State FL Zip Code 33064  
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 **1850.00**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : AA3F943610D3348DABD2**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **235.00**  
**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 86 OF 132
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) <b>A. Jeanne Proia</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A688B053903D946B298D</b>
Mailing Address 4441 NE 30th Terr		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1900.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Jamie A Ramsay MD</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : A83CCC176BC754FD5BE2</b>
Mailing Address 6105 Blenheim Place		Amount of Each Receipt this Period 25.00
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C	Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Jamie A Ramsay MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A03A712EAB2DC433B8D6</b>
Mailing Address 6105 Blenheim Place		Amount of Each Receipt this Period 25.00
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C	Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	
Payroll Deduction		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 132
<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 ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A44133D0A62854ADBB55**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**B. 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 ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ACAFE587B1D364851942**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**C. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Meadowlark Ridge Rd

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

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 ▼ **850.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A555346E6F0FA48F1872**

Amount of Each Receipt this Period  

50.00
-------

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 88 OF 132
	<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. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6 Meadowlark Ridge Rd  
City State Zip Code  
Great Falls MT 59405  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Alaska Neonatology Associates, Inc. Neonatologist  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 30 / 2014  
**Transaction ID : A6AD2882D1322486398B**  
Amount of Each Receipt this Period  
50.00  
Payroll Deduction

**B. Robert P Rieker MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 708 Marlowe Road  
City State Zip Code  
Raleigh NC 27609  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
American Anesthesiology of North Carol Anesthesiologist  
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  
09 / 30 / 2014  
**Transaction ID : AF67EF4CE3EDD470582F**  
Amount of Each Receipt this Period  
50.00  
Payroll Deduction

**C. David M Roberts**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4823 Xenia Street  
Unit 301  
City State Zip Code  
Denver CO 80238  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Obstetrix Medical Group of Colorado, P NNP  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
280.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 15 / 2014  
**Transaction ID : A2B37EF70DB644492B39**  
Amount of Each Receipt this Period  
20.00  
Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	120.00
<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 89 OF 132
	<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. David M Roberts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4823 Xenia Street  
 Unit 301  
 City Denver State CO Zip Code 80238  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of Colorado, P  
 Occupation NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AF7F7B35562904011BB5**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

**B. Cheryl Robinson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 Wyatt Court  
 City Reno State NV Zip Code 89521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd.  
 Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A8C3296FC5A91482E9BC**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Deborah Rogala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2433 Triggerfish Ct  
 City Holiday State FL Zip Code 34691  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Florida, In  
 Occupation NNP  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : AC9D38D63C2744D8DBEB**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 145.00  
**TOTAL** This Period (last page this line number only).....▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 132
	<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. Deborah Rogala</b>		Date of Receipt
Mailing Address 2433 Triggerfish Ct		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Holiday	FL	34691
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AAEB35E68E63D4D0485D</b>
Pediatrix Medical Group of Florida, In	NNP	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Louis A Romagnoli</b>		Date of Receipt
Mailing Address 7730 Hanahan Place		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lake Worth	FL	33467
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>ACF75FDA1A7E14FDF8B1</b>
Mednax Services, Inc.	Dir Benefits	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1150.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Louis A Romagnoli</b>		Date of Receipt
Mailing Address 7730 Hanahan Place		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lake Worth	FL	33467
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : <b>AF3D04AFF934B4B9A884</b>
Mednax Services, Inc.	Dir Benefits	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="125.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 132
	<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. Brian Rosenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7366 NW 108th Way  
City Parkland State FL Zip Code 33076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 510.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : A52B73F81626C43BBB37**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction

**B. Brian Rosenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7366 NW 108th Way  
City Parkland State FL Zip Code 33076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 540.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AF11A9D586A654C76A99**  
Amount of Each Receipt this Period 30.00  
Payroll Deduction

**C. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7603 NW 113th Avenue  
City Parkland State FL Zip Code 33076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Dir Financial Reporting  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 425.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : AF1E62E33B0B44765854**  
Amount of Each Receipt this Period 25.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00  
**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 92 OF 132
	<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. Kasandra Rossi</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A80048C547A1A442FB82</b>
Mailing Address 7603 NW 113th Avenue		Amount of Each Receipt this Period 25.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Robert A Royster MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A8201D32E84054AF692A</b>
Mailing Address 3600 Eden Croft Drive		Amount of Each Receipt this Period 25.00
City Raleigh	State NC	Zip Code 27612
FEC ID number of contributing federal political committee. C	Payroll Deduction	
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 ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Linda Sacks MD</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : AC79EBE3534914C7EBC5</b>
Mailing Address 406 Wheeler Street		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Magella Medical Associates of Georgia,	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 132
	<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. Linda Sacks MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 406 Wheeler Street

City Savannah State GA Zip Code 31405

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

Name of Employer Magella Medical Associates of Georgia, Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A690C5911590F4905BAD**

Amount of Each Receipt this Period 100.00

Payroll Deduction

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

Mailing Address 16741 100 Norman Place

City Cornelius State NC Zip Code 28031

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 ▼ 675.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A526361B12DA1421FACE**

Amount of Each Receipt this Period 75.00

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029

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 ▼ 1524.56

Date of Receipt 09 / 15 / 2014  
**Transaction ID : AAEFB1593DCDA4827A20**

Amount of Each Receipt this Period 89.68

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 264.68

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3941 SW 186th Way

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

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 ▼  
1614.24

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : AD7DDEC016D8E45A78A2**

Amount of Each Receipt this Period  
89.68

Payroll Deduction

**B. Tami Sands**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 S Banana River Drive

City Merritt Island	State FL	Zip Code 32952
------------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Florida, In	Occupation NNP
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
353.60

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AD667B2138BE746F9AA7**

Amount of Each Receipt this Period  
20.80

Payroll Deduction

**C. Tami Sands**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 S Banana River Drive

City Merritt Island	State FL	Zip Code 32952
------------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Florida, In	Occupation NNP
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
374.40

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A87F905349E8A49DB984**

Amount of Each Receipt this Period  
20.80

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	131.28
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 132
	<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. 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 **1812.50**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : A1562C2993A2D404DA64**  
Amount of Each Receipt this Period: 62.50  
Payroll Deduction

**B. 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 **1875.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : AC270C3FA672E4CDFA1B**  
Amount of Each Receipt this Period: 62.50  
Payroll Deduction

**C. Ray Y Sato MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2000 Alaskan Way 349  
City Seattle State WA Zip Code 98121  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group of Washington, Occupation: Medical Director NICU  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A153DDE607B9140CDA1E**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **175.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 96 OF 132
	<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. Steven Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6936 West Wedgewood Avenue

City Davie	State FL	Zip Code 33331
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A26ECAD02425A4C239C7**

Amount of Each Receipt this Period  

100.00	100.00	100.00
--------	--------	--------

**20.00**

Payroll Deduction

**B. Steven Schmidt**  
Full Name (Last, First, Middle Initial)

Mailing Address 6936 West Wedgewood Avenue

City Davie	State FL	Zip Code 33331
---------------	-------------	-------------------

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

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

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
09	/	30	/	2014

**Transaction ID : A4B437AB398434FBB9ED**

Amount of Each Receipt this Period  

100.00	100.00	100.00
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**20.00**

Payroll Deduction

**C. Jonathan Schwartz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court South

City Jacksonville	State FL	Zip Code 32224
----------------------	-------------	-------------------

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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A64F02DB0349040AE820**

Amount of Each Receipt this Period  

100.00	100.00	100.00
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**60.00**

Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 132
	<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. Clair A Schwendeman MD</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : AA8229743D4884621BF1</b>
Mailing Address 17616 Ivy Hill Drive		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Clair A Schwendeman MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A10E23496F4BB461B83D</b>
Mailing Address 17616 Ivy Hill Drive		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Whitney Scott MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A86430DFAF5F746DF9E5</b>
Mailing Address 2020 Vinnings Place		Amount of Each Receipt this Period 50.00
City Raleigh	State NC	Zip Code 27608
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of North Carol	Occupation Anesthesiologist Assoc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 132
<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. Lalit K Shah MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2840 NE 36 St

City Ft Lauderdale	State FL	Zip Code 33308
-----------------------	-------------	-------------------

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 ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A64A701A74AB64689932**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**B. Cecil G Sharp MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 576 Medinah Drive

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Corp Med Director NICU
--	--------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **405.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A26867668EED54D74A0A**

Amount of Each Receipt this Period  

45.00
-------

Payroll Deduction

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

Mailing Address 1305 Byron Nelson Pkwy

City Southlake	State TX	Zip Code 76092
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ACE0D11B94F68492D9DE**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>195.00</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 99 OF 132
	<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. James D Singer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 17 Captain's Point

City Greensboro	State NC	Zip Code 27455
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A77E6AE03B7E442E3B0F**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	0	0
											50.00

Payroll Deduction

**B. Stephen B Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Rabbit Run Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **284.24**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : AB3E05E752983414C969**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	2	4
											16.72

Payroll Deduction

**C. Stephen B Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 917 Rabbit Run Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.96**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A37749557BB4448E0B44**

Amount of Each Receipt this Period  

8	7	6	5	4	3	2	1	0	.	2	4
											16.72

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>83.44</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 100 OF 132
	<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. Kim G Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 FM 1799

City	State	Zip Code
Mineola	TX	75773-4076

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ABBF70E58238344D4B84**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**B. Brenda Sommer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City	State	Zip Code
Boca Raton	FL	33487

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	Clin MgrChart Abstractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1014.89**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A3823197E53BD4C5A82C**

Amount of Each Receipt this Period  

62.39
-------

Payroll Deduction

**C. Brenda Sommer**  
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City	State	Zip Code
Boca Raton	FL	33487

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	Clin MgrChart Abstractor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1077.28**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A36FCBC50D84D4674B63**

Amount of Each Receipt this Period  

62.39
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>224.78</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 101 OF 132
	<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. Ana Spence MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2251 N 32nd Street  
 Lot 6  
 City Mesa State AZ Zip Code 85213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Phoenix, P.  
 Occupation: Perinatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **270.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A1EDDEE7083F64443BFD**  
 Amount of Each Receipt this Period: 300.00  
 Payroll Deduction

**B. 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 **1400.00**

Date of Receipt: 09 / 29 / 2014  
**Transaction ID : AE37CFAAEA0EC4A30B06**  
 Amount of Each Receipt this Period: 200.00

**C. 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 **1125.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A567F3EDBF3AD417CADB**  
 Amount of Each Receipt this Period: 125.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **355.00**  
**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 102 OF 132
<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. Julia L Stones</b>		Date of Receipt
Mailing Address 6541 Ne 20 Terrace		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City State Zip Code Ft Lauderdale FL 33308		<b>Transaction ID : A9179E7A558954799943</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer Mednax Services, Inc.	Occupation Dir Marketing	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="1445.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Julia L Stones</b>		Date of Receipt
Mailing Address 6541 Ne 20 Terrace		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Ft Lauderdale FL 33308		<b>Transaction ID : AC282211B80914539B22</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer Mednax Services, Inc.	Occupation Dir Marketing	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="1530.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Barry Stowe MD</b>		Date of Receipt
Mailing Address 2021 Coniston Place		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28207		<b>Transaction ID : AFB9647DC79BD4C388A8</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="450.00"/>	

<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"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 132
	<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. 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 American Anesthesiology, Inc. Occupation VP Practice Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.04**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : A3731EEDFC9F441899BC**

Amount of Each Receipt this Period **104.17**

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 American Anesthesiology, Inc. Occupation VP Practice Integration

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1354.21**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A55E88F21F7BA478296F**

Amount of Each Receipt this Period **104.17**

Payroll Deduction

**C. 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 Pediatrix Medical Group of Washington, Occupation Medical Director NICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1260.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A50CA6E238BC34CECB21**

Amount of Each Receipt this Period **140.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **348.34**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kassell Sykes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 Greywalls Lane  
 City Raleigh State NC Zip Code 27614  
 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 ▼ 450.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : A6CA4A3B855D8455C87E**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. Raymond Sykola MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8418 Robbins Crescent Dr  
 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 Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AC4725EC7724D4981A30**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**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 Pediatrix Medical Services, Inc.  
 Occupation Medical Director PERI  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : AE98845389C2C4C00BFC**  
 Amount of Each Receipt this Period 200.00  
 Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 132
<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. 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 ▼  
 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A4BEFBBA83FB740648CF**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Daniel Thailer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Summerhill Ridge Dr  
 City Charlotte State NC Zip Code 28226  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist Assoc  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A7A09FC2339A74BFAB98**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Pamela N Thomas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2121 NW 76th Terrace  
 City Margate State FL Zip Code 33063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. VP Clinical Services  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A195B9B7A48434FA6A93**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 132
<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. 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 American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2822.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A9757F208D6EA49C2926**

Amount of Each Receipt this Period  
166.00

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 American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2988.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : ADB6FC03EE6F04D61806**

Amount of Each Receipt this Period  
166.00

Payroll Deduction

**C. Robin Thornton MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Huntington Drive

City Burlington	State NJ	Zip Code 08016
--------------------	-------------	-------------------

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

Name of Employer Burlington Anesthesia Associates, P.A.	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.03

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2014

**Transaction ID : A6232E1F995874142B35**

Amount of Each Receipt this Period  
41.67

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	373.67
<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 107 OF 132
	<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. Scott Tisdell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Crownhill DR

City Arlington State TX Zip Code 76012

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 ▼ **2045.43**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : AF778CA3C4164462B8E7**

Amount of Each Receipt this Period: **227.27**

Payroll Deduction

**B. Joe Toney MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111

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 ▼ **1800.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A6A9089D9401547FBBDF**

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

Payroll Deduction

**C. Susan F Townsend MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 891 14th St Unit 3710

City Denver State CO Zip Code 80202

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

Name of Employer: **Pediatrix Medical Group of Colorado, P** Occupation: **Neonatologist**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2625.00**

Date of Receipt: **09 / 30 / 2014**  
**Transaction ID : A14EE5A0B18D44154991**

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 108 OF 132
	<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 ▼ **900.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AC628068EC34F4705972**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Wendy Troyer MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1274 Redfield Ridge

City Atlanta State GA Zip Code 30338

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

Name of Employer Neonatology Associates of Atlanta, P.C Occupation Corporate Medical Directr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : A2989255056EA467191D**

Amount of Each Receipt this Period **200.00**

Payroll Deduction

**C. Johnny Tryzmel MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3765 Ne 209 Terrace

City Aventura State FL Zip Code 33180

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 **09 / 30 / 2014**

**Transaction ID : ACFD3BF2E9B944A0C87F**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **350.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 109 OF 132
	<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. Gary A Twiggs MD</b>		Date of Receipt
Mailing Address 24761 Judi Court Ste 4000		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Laguna Niguel	State CA	Zip Code 92677
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : ABD650A3C52F64F14820</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="416.67"/>
Occupation Regional President		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="3750.03"/>	

Full Name (Last, First, Middle Initial) <b>B. Karen R Underwood MD</b>		Date of Receipt
Mailing Address 11834 N 142nd Street		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Scottsdale	State AZ	Zip Code 85259
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A18EC7912C34443C58AF</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation Director of Operations		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="2708.29"/>	

Full Name (Last, First, Middle Initial) <b>C. Karen R Underwood MD</b>		Date of Receipt
Mailing Address 11834 N 142nd Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Scottsdale	State AZ	Zip Code 85259
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AFB8AAD8BC3C04B6C880</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation Director of Operations		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="2916.62"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="833.33"/>
<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 110 OF 132
	<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. Steven Van Scoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5355 Candelabra Plce  
 City San Luis Obispo State CA Zip Code 93401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A1EF77C15EBA04107B10**  
 Amount of Each Receipt this Period 40.00  
 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 ▼ 900.00

Date of Receipt  
 09 / 30 / 2014  
**Transaction ID : A480A512A0D684FBE9FC**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Dinh Vu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3307 Mendenaro Court  
 City Fallbrook State CA Zip Code 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Magella Medical Group, Inc. Obstetric Hospitalist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 425.00

Date of Receipt  
 09 / 15 / 2014  
**Transaction ID : A1259447BBF5F48A8A1F**  
 Amount of Each Receipt this Period 25.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 165.00  
**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 111 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Dinh Vu MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3307 Mendenaro Court  
 City Fallbrook State CA Zip Code 92028  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Magella Medical Group, Inc. Occupation Obstetric Hospitalist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : ABBCB93BCEE5A430A9E!**  
 Amount of Each Receipt this Period **250.00**  
 Payroll Deduction

**B. 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 **1125.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A79F66DB93AAF4D84ABE**  
 Amount of Each Receipt this Period **125.00**  
 Payroll Deduction

**C. Marshall W Walker MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 Rock Creek Drive  
 City Greenville State SC Zip Code 29605  
 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 **2250.00**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : A6B4FF20A6BE4488ABF7**  
 Amount of Each Receipt this Period **250.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **400.00**  
**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 112 OF 132
<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. Michele M Wallace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10080 Nw 10th St

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir Clinical Systems
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : ADD1B2EDB8595457291B**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

**B. Michele M Wallace**  
Full Name (Last, First, Middle Initial)  
Mailing Address 10080 Nw 10th St

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir Clinical Systems
---	------------------------------------

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
09	/	30	/	2014

**Transaction ID : A70E9E9DC0FB04AD283C**

Amount of Each Receipt this Period  

20.00
-------

Payroll Deduction

**C. 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 ▼ **3400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

**Transaction ID : A4BE2217D452F4A2583A**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 113 OF 132
<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 **3600.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A9965789448BE44A4B2F**  
Amount of Each Receipt this Period: 200.00  
Payroll Deduction

**B. William Wegh DO**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1812 Funny Cide Ln  
City Waxhaw State NC Zip Code 28173  
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 **675.00**

Date of Receipt: 09 / 30 / 2014  
**Transaction ID : A2C0072FE84804798A28**  
Amount of Each Receipt this Period: 75.00  
Payroll Deduction

**C. Mike Williams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11287 Crutchfields Ct  
City Glen Allen State VA Zip Code 23059  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Critical Health Systems, Inc. Occupation: VP Revenue Cycle Mgmt  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1700.00**

Date of Receipt: 09 / 15 / 2014  
**Transaction ID : AB2A1C64343FC4F9CA84**  
Amount of Each Receipt this Period: 100.00  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 114 OF 132
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City State Zip Code  
Glen Allen VA 23059

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

Name of Employer Occupation  
Critical Health Systems, Inc. VP Revenue Cycle Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1800.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : A8677BBD4ED534792BF9**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. Bonnie Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Sr Division Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2125.00

Date of Receipt  
09 / 15 / 2014  
**Transaction ID : A770CFE2244FD436E852**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**C. Bonnie Wilson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316

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

Name of Employer Occupation  
Pediatrix Medical Group, Inc. Sr Division Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2250.00

Date of Receipt  
09 / 30 / 2014  
**Transaction ID : AC0CF751513BE4DC796D**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 350.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 132
	<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. Janet G Wingkun MD</b>		Date of Receipt
Mailing Address 1178 Breakers West Blvd		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
West Palm Beach	FL	33411
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A73E165CA5F2C4C4ABC2</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Florida, In	Neonatologist	<input type="text" value="83.34"/>
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="583.38"/>	

Full Name (Last, First, Middle Initial) <b>B. Karen S Witte</b>		Date of Receipt
Mailing Address 1301 Concord Terrace		<input type="text" value="09"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sunrise	FL	33323-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A1E06C3D6ADD9419094B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Asst ControllerDISBMT	<input type="text" value="25.00"/>
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="425.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Karen S Witte</b>		Date of Receipt
Mailing Address 1301 Concord Terrace		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sunrise	FL	33323-0000
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A8515BE3AEDD7407AA41</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Asst ControllerDISBMT	<input type="text" value="25.00"/>
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="450.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="133.34"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 132
<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. Lydia N Wright MD</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : A73F574AF41EE4AC6963</b>
Mailing Address 3224 Shadow Court		Amount of Each Receipt this Period 41.70
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Coastal Car	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.30	

Full Name (Last, First, Middle Initial) <b>B. Peter K Wu MD</b>		Date of Receipt 09 / 30 / 2014 <b>Transaction ID : A51141D187BE8419BBE3</b>
Mailing Address 908 Symphony Circle SW		Amount of Each Receipt this Period 100.00
City Vienna	State VA	Zip Code 22180
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>C. Brandon Yandle</b>		Date of Receipt 09 / 15 / 2014 <b>Transaction ID : AFA0B865F46D94778937</b>
Mailing Address 11918 First Branch Ct		Amount of Each Receipt this Period 15.00
City Chesterfield	State VA	Zip Code 23838
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Operations Analyst	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 255.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	156.70
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 117 OF 132
	<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. Brandon Yandle**

Mailing Address 11918 First Branch Ct

City Chesterfield State VA Zip Code 23838

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

Name of Employer: **Pediatrix Medical Group, Inc.** Occupation: **Sr Operations Analyst**

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A7557ED86FC684FF5884**

Amount of Each Receipt this Period: **15.00**

Payroll Deduction

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

Mailing Address 12519 Nathaniel Oaks Dr

City Oak Hill State VA Zip Code 20171

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 ▼ **450.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A283F4F38166B498D8F7**

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

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. Gary L Yup MD**

Mailing Address 2301 Fireside Circle

City Reno State NV Zip Code 89509

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 ▼ **1800.00**

Date of Receipt: **09 / 30 / 2014**

**Transaction ID : A6202E71CD8384D199E9**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **265.00**

**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 118 OF 132
	<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. Karen J Zimmerman</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2014 <b>Transaction ID : A46F683418D094507AA9</b>
Mailing Address 1799 S Lee Street Unit B		Amount of Each Receipt this Period 25.00
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee. C	Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatal Nurse Practitioner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Karen J Zimmerman</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A02E972D8A376444A86C</b>
Mailing Address 1799 S Lee Street Unit B		Amount of Each Receipt this Period 25.00
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee. C	Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatal Nurse Practitioner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Terrance J Zuerlein MD</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2014 <b>Transaction ID : A557246AEB383404E892</b>
Mailing Address 21 Fontenay Circle		Amount of Each Receipt this Period 250.00
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Arkansas, P	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2250.00	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 119 OF 132
<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. Ann Zugarramurdi**  
Full Name (Last, First, Middle Initial)

Mailing Address 4621 SW 163rd Path

City Miami State FL Zip Code 33185

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

Name of Employer Mednax Services, Inc. Occupation Insurance Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **09 / 15 / 2014**

**Transaction ID : AB0E8C203CA3C477C9BE**

Amount of Each Receipt this Period **15.00**

Payroll Deduction

**B. Ann Zugarramurdi**  
Full Name (Last, First, Middle Initial)

Mailing Address 4621 SW 163rd Path

City Miami State FL Zip Code 33185

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

Name of Employer Mednax Services, Inc. Occupation Insurance Program Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt **09 / 30 / 2014**

**Transaction ID : AFB852B2182D54590824**

Amount of Each Receipt this Period **15.00**

Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>30.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>30940.32</b>

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 120 OF 132  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**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 ▼  
 830.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : AED390BE08FB4463EA8C**  
 Amount of Each Receipt this Period  
 43.21  
 Reimbursement for August 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).....▶	43.21
<b>TOTAL</b> This Period (last page this line number only).....▶	43.21



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	15	/	2014

Transaction ID : B83367C4AF6A246FEB43

Amount of Each Disbursement this Period

44.58
-------

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 M	/	D 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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

44.58
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44.58
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. AL FRANKEN FOR SENATE**

Mailing Address PO BOX 583144

City Minneapolis State MN Zip Code 55458-3144

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Sen. Al Franken**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

Transaction ID : **B0A0A5C56B98B4F48B84**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
VOID - POLITICAL CONTRIBUTION- PRIMARY 2014 original 7/18/14

Candidate Name  
**Sen. Lamar Alexander**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **B8CC46E05BB5248CBA0B**

Amount of Each Disbursement this Period

-5000.00

Full Name (Last, First, Middle Initial)

**C. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Sen. Lamar Alexander**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TN District:

Date of Disbursement

MM / DD / YYYY  
09 / 02 / 2014

Transaction ID : **BBDA1A41C10C746A49FF**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Rep. Gus M. Bilirakis**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

Transaction ID : **BD2C8133F498842CABB2**

Amount of Each Disbursement this Period

1	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Castro for Congress**

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Rep. Joaquin Castro**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: TX District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	1		2	0	1	4

Transaction ID : **BA13246B57B3F4A1CA30**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. DEMOCRATS WIN SEATS (DWS PAC)**

Mailing Address PO BOX 83142

City Gaithersburg State MD Zip Code 20883-3142

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : **BC093CFC99CFA41709AF**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

1	1	5	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

1	1	5	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Doggett For U.S. Congress**

Mailing Address PO Box 5843

City Austin State TX Zip Code 78763-5843

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Rep. Lloyd A. Doggett II**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TX District: 35

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	9		2	0	1	4

Transaction ID : **B6A63C511C90B4A75998**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. FREEDOM FUND**

Mailing Address 701 8TH STREET, NW  
SUITE 500

City Washington State DC Zip Code 20001-3965

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

Transaction ID : **BD1E586E0ACD7484A9EE**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. HAGAN FORWARD NC**

Mailing Address 600 PENNSYLVANIA AVE SE SUITE 210

City Washington State DC Zip Code 20003-4344

Purpose of Disbursement  
Political Contribution- 2014 100% Allocable to Wake County Democratic Party

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District: Other2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	8		2	0	1	4

Transaction ID : **B95F36830BF304384987**

Amount of Each Disbursement this Period

5	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	2	5	0	.	0	0
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5	0	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Mark Pryor for US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: AR District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : **BC0C8A4C34BCC461FAAE**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. M-PAC**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District: Other2014

Date of Disbursement

MM / DD / YYYY  
09 / 19 / 2014

Transaction ID : **B55A03FC53E4A4367BF8**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. ORRINPAC**

Mailing Address PO BOX 900427

City SANDY State UT Zip Code 84090

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: District: Other2014

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

Transaction ID : **BE9E3961C52304C638E8**

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

11500.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Volunteers For Shimkus**

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Rep. John M. Shimkus**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District: 15

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	5		2	0	1	4

**Transaction ID : BCD07B3333927499FB**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

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  
Disbursement For:  Primary  General  Other (specify) ▼  
State: District:

Date of Disbursement

M	M	/	D	D	/	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)..... ▶

2	5	0	0	.	0	0
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5	3	5	0	0	.	0	0
---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Committee To Elect RM Channell**

Mailing Address P.O. Box 839

City Greensboro State GA Zip Code 30642-0839

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : BE6DE8812C0B94F3890F

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Deal For Governor, Inc.**

Mailing Address P.O. Box 2495

City Gainesville State GA Zip Code 30503-2495

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : B554B828F2DBF4E739E7

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Fred for Arizona**

Mailing Address PO Box 13353

City Phoenix State AZ Zip Code 85002-3353

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : BBC6587300205469EB5F

Amount of Each Disbursement this Period

2000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

**A. Friends of Stacey Y. Abrams, Inc.**

Mailing Address P.O. Box 5750

City Atlanta State GA Zip Code 31107-0750

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : B48A1447DBBC04938A79

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Growing Florida's Future**

Mailing Address 610 South Boulevard

City Tampa State FL Zip Code 33606-2693

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2014

Transaction ID : BAC7FF7E0C6FA4ECD916

Amount of Each Disbursement this Period

10000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. JAY REEDY FOR TENNESSEE**

Mailing Address 425 COLEMAN LANE

City Erin State TN Zip Code 37061-4881

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

Transaction ID : B3FCFD8BD0CE84E8FA95

Amount of Each Disbursement this Period

1000.00

Category/  
Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

12000.00



**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. Republican Governors Association**

Mailing Address 1747 Pennsylvania Ave., N.W.  
Suite 250

City Washington State DC Zip Code 20006-4643

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : B6185D7F9BDB64A7F898**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Sater for Senate**

Mailing Address 1735 Cedar Drive

City Cassville State MO Zip Code 65625-2005

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : B2A8BB74BA7EE4E01B7E**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Steve Dickerson for State Senate**

Mailing Address PO Box 120931

City Nashville State TN Zip Code 37212-0931

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : BEBE0DBC8B554B7AA51**

Amount of Each Disbursement this Period

2500.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

6500.00

**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. Timberline Project**

Mailing Address 789 Sherman Street

City State Zip Code  
Denver CO 80203-3529

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

Transaction ID : B50B03D32D5974D3DB6E

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Virginia Senate Republican Caucus**

Mailing Address P.O. Box 1697

City State Zip Code  
Williamsburg VA 23187-1697

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 18 / 2014

Transaction ID : B47A6093D54EA4C8A932

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2500.00

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

41000.00