

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**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="2013"/>		582598.46
(b) Cash on Hand at Beginning of Reporting Period.....	794479.25	
(c) Total Receipts (from Line 19)	30710.02	603870.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	825189.27	1186468.99
7. Total Disbursements (from Line 31).....	72296.67	433576.39
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	752892.60	752892.60
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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

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).....	29956.23	550920.12
(ii) Unitemized	638.00	47642.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30594.23	598562.33
(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)	30594.23	598562.33
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).....	115.79	808.20
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))..... ▶	30710.02	603870.53
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30710.02	603870.53

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	146.67	701.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	146.67	701.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	55500.00	284500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	16650.00	148375.00
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)) ..	72296.67	433576.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	72296.67	433576.39

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)	30594.23	598562.33
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30594.23	598562.33
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	146.67	701.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	115.79	808.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	30.88	-106.81

**SCHEDULE A (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 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

A. Amy T Aaron
Full Name (Last, First, Middle Initial)

Mailing Address 620 Bluff Springs Road

City Fort Worth State TX Zip Code 76108

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 ▼ **900.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A6F4899E57FDF4C66A0B

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. 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 / 2013
Transaction ID : A8A98E6CB085D439FBDB

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. 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 / 2013
Transaction ID : A6F10827D3B954431BA1

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ **300.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 101
<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 ▼ **661.68**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AAD698DD7CA0F4F0C9E9

Amount of Each Receipt this Period **73.52**

Payroll Deduction Payroll Deduction: \$36.76/Bi-Monthly

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 **09 / 30 / 2013**

Transaction ID : A9D3B1FB6FEED44E6A25

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

C. 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 ▼ **903.78**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AB605270B28664066BDA

Amount of Each Receipt this Period **100.42**

Payroll Deduction Payroll Deduction: \$50.21/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **213.94**

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 8 OF 101
	<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. Robert Alphin MD

Mailing Address 4028 John S Raboteau Wynd

City Raleigh	State NC	Zip Code 27612
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AE6973FFC6FCF4684B33

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

Mailing Address 1720 SW 131st Terrace

City Davie	State FL	Zip Code 33325
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation SVP and Gen'l Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AD9ACD5F288EE457F885

Amount of Each Receipt this Period

500.00

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

Full Name (Last, First, Middle Initial)
C. Pratibha Ankola MD

Mailing Address 35 Sprain Valley Rd
B12

City Scarsdale	State NY	Zip Code 10583
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group Neonatology an	Occupation Medical Director NICU
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A21294FB8CD7B4A3A891

Amount of Each Receipt this Period

200.00

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	800.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 101
	<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. 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 / 2013**

Transaction ID : AC0C4D7877F81441FADB

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 / 2013**

Transaction ID : A858C5B3A4F0B4D20B31

Amount of Each Receipt this Period **30.00**

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

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 ▼ **400.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A10E19E2C12194688B76

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 10 OF 101
<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. Eddie Arredondo
Full Name (Last, First, Middle Initial)
Mailing Address 1827 Magliano Drive

City Boynton Beach	State FL	Zip Code 33436
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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	/	2013

Transaction ID : A6813A0B4B4A54B2C821

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

B. Jennifer F Arriza
Full Name (Last, First, Middle Initial)
Mailing Address 1948 SW 177 Ave

City Miramar	State FL	Zip Code 33029
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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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A1C47CF884CA94F0AA0C

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. Ronda K Ash
Full Name (Last, First, Middle Initial)
Mailing Address 3927 Lawson Blvd

City Delray Beach	State FL	Zip Code 33445
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc.	Occupation Dir of CodingANES
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1691.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A09FB66C86E9049D1B80

Amount of Each Receipt this Period

211.46

Payroll Deduction Payroll Deduction: \$105.73/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	311.46
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 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Erhan Atasoy MD

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 / 2013**

Transaction ID : AFCD0CE9114B5427692F

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

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 / 2013**

Transaction ID : A59B0EE9F54ED437291F

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

Full Name (Last, First, Middle Initial)
C. Ronald S Bank MD

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 / 2013**

Transaction ID : A06A3182E08694739840

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

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 12 OF 101
	<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. John L Bankston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Pembroke Dr
 City State Zip Code
 Palm Beach Gardens FL 33418
 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 ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A8509AE0C73D24AA880F
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

B. 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
 American Anesthesiology of the Southea 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 / 2013
Transaction ID : AB08EFD105D464C72B98
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A3460783B86644378A1E
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 101
	<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. 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 American Anesthesiology of the Southea	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	/	2013

Transaction ID : A68965D9FA9504FB79D3

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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

Mailing Address 117 Clipper Cove

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	/	2013

Transaction ID : A2DF5FC1B54114C13AB4

Amount of Each Receipt this Period
150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

C. 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 Pediatrix Medical Group of Florida, In	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A62ADA369382F44A898D

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 14 OF 101
<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. Valerie 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 / 2013**

Transaction ID : A0FAD1DC5E8A5442CAC1

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

B. 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 ▼ **360.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AE6D3CAE3A11744BC8A2

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

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

Mailing Address 1050 N Taylor St 1508 # 1508

City Arlington State VA Zip Code 22201

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 **09 / 30 / 2013**

Transaction ID : ADB826BE030F74399870

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **215.00**

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 101
<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)
A. Timothy Biela MD

Mailing Address 8050 Colonial Woods

City Boerne State TX Zip Code 78015

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 ▼
810.00

Date of Receipt
09 / 30 / 2013
Transaction ID : AC7678B6530BB488E8C7

Amount of Each Receipt this Period
90.00

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

Full Name (Last, First, Middle Initial)
B. Kimberly J Bowden

Mailing Address 3050 Red Mangrove Lane South

City Ft Lauderdale State FL Zip Code 33312

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

Name of Employer Occupation
Mednax Services, Inc. Dir Fin OperationsInt'l

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : AFC983295A83440A89C9

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

Full Name (Last, First, Middle Initial)
C. Albert V Brawley MD

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 Occupation
Pediatrix Medical Group of Georgia, P. Hospital Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A9D97A1608EA64E05BCB

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 16 OF 101
	<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 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A8767A37262D645C093E

Amount of Each Receipt this Period

200.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 ▼ **2250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A049A945F8C234361A79

Amount of Each Receipt this Period

250.00

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A1B3099428B1843E4842

Amount of Each Receipt this Period

25.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	475.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. David 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 American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AF7B8E989EFED488AB3C

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

B. 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 / 2013**

Transaction ID : A058C035125F540E28C1

Amount of Each Receipt this Period **25.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. 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 / 2013**

Transaction ID : A7605ABF013214BDF8E9

Amount of Each Receipt this Period **416.66**

Payroll Deduction Payroll Deduction: \$416.66/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **491.66**

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 18 OF 101
<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. 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 ▼ 400.00

Date of Receipt 09 / 30 / 2013
Transaction ID : AD1BA2871FEC547FAB44
 Amount of Each Receipt this Period 50.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. Samuel A Burns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7718 Moss Brook Drive
 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 / 2013
Transaction ID : A3DA17698BDF6458D8E5
 Amount of Each Receipt this Period 100.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 ▼ 1080.00

Date of Receipt 09 / 30 / 2013
Transaction ID : AE1ACD40B3D8942888D1
 Amount of Each Receipt this Period 120.00
 Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....	270.00
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 101
	<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. 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 / 2013
Transaction ID : A451B7F9D8CD84CA99CC
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

B. Cay Carner
 Full Name (Last, First, Middle Initial)
 Mailing Address 2205 Vickers
 City Plano State TX Zip Code 75075
 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 225.00

Date of Receipt: 09 / 30 / 2013
Transaction ID : A68FCEC745294430D865
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. Ronald Carzoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 First South Apt 401
 City Jacksonville 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: 09 / 30 / 2013
Transaction ID : A7B689596192B4249A53
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

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 20 OF 101
	<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. Amy L Cassidy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8873 Cravenwood Dr
 City State Zip Code
 Oak Ridge NC 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 / 2013
Transaction ID : AD6188FEFB0E04FB3BBA
 Amount of Each Receipt this Period
50.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. Deborah Catland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8620 Wood Forest
 City State Zip Code
 San Antonio TX 78251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation NNP
 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 / 2013
Transaction ID : A6E7B029D41BC4E74B97
 Amount of Each Receipt this Period
40.00
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

C. Donald H Chace PHD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1212 Rolling Meadow
 City State Zip Code
 Pittsburgh PA 15241
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir PDX Analytcl Research
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A13D8853412F245C99B1
 Amount of Each Receipt this Period
100.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 21 OF 101
<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. Carroll L Chambers JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Cutchin Dr
 City Charlotte State NC Zip Code 28210
 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 / 2013**
Transaction ID : AC63E841B0D8B45BCA92
 Amount of Each Receipt this Period **75.00**
 Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

B. 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 / 2013**
Transaction ID : A3E819CDD5CAF47EC8DB
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 / 2013**
Transaction ID : AA8FC2C689BE145AB81C
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 22 OF 101
<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. 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 ▼ **2080.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A3D14CAEEEF7471180F

Amount of Each Receipt this Period **120.00**

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

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 **09 / 30 / 2013**

Transaction ID : A70B33F5AF2BD4D73995

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

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 **09 / 30 / 2013**

Transaction ID : A28F24EE616F7400E913

Amount of Each Receipt this Period **25.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **220.00**

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 101
<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. Cameron Cole MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8239 New Cut Rd
 City Campo Bello State SC Zip Code 29322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of South Carol Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A02D2FB51AED1438A9E4
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

B. Jose Colindres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16775 NW 20 Street
 City Pembroke Pines State FL Zip Code 33028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2250.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A72BF4D8B87B04426A08
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

C. Steve Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 10468 Laurel Road
 City Davie State FL Zip Code 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. SVP Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4500.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A31439165F57D40079D7
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 24 OF 101
<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. 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 Occupation
Pediatrix Medical Group Neonatology an Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A605F25469AD24CDD8CE

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. 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 Occupation
American Anesthesiology of North Carol Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **720.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A9B85BB6C5E3B45C5B64

Amount of Each Receipt this Period **85.00**

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

C. 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 Occupation
Pediatrix Medical Group, Inc. Regional HS Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : ADE2C97B50646428698F

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 25 OF 101
	<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. 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 Occupation
 Pediatrix Medical Group of South Carol Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1125.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : AE933BD6A37804F1A83A
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

B. 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 Occupation
 American Anesthesiology of North Carol Anesthesiologist Assoc
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 315.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : AAB090DF3A4484474AE7
 Amount of Each Receipt this Period
 35.00
 Payroll Deduction Payroll Deduction: \$35.00/Bi-Monthly

C. 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 Occupation
 Pediatrix Medical Group of Ohio Corp. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A62AFDB31DD62413C81D
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	210.00
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 101
	<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. 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 **800.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : AA139A2375F8541CCA03
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

B. Jorge Del Toro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 NW 125th Avenue
 Unit 317
 City Sunrise State FL Zip Code 33323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: RVP
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **2886.03**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A4E375D6842E64B8AB0F
 Amount of Each Receipt this Period: 320.67
 Payroll Deduction Payroll Deduction: \$320.67/Bi-Monthly

C. 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 / 2013
Transaction ID : A117657DF12DF4B66BAB
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **470.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 101
<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. 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 ▼ **3749.94**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AF488C1E59E9C4405937

Amount of Each Receipt this Period **416.66**

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

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

Mailing Address 144 Edgewater Lane

City Wilmington State NC Zip Code 28403

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 / 2013**

Transaction ID : A20BB8E604189488C84C

Amount of Each Receipt this Period **25.00**

Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

C. 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 / 2013**

Transaction ID : A4E643E320FDD481C9EC

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **491.66**

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 28 OF 101
	<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. James Doyle MD
Full Name (Last, First, Middle Initial)

Mailing Address 6133 Creola road

City Charlotte	State NC	Zip Code 28270
-------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AE5C35C5092684F1A9B8

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AE1C7C2D63BE444E5AD1

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A68C0F816AA924B81A27

Amount of Each Receipt this Period

40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	240.00
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 101
<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. 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 Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A4B1B4DCC64A14124B8A

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1125.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A45C7E8B49A7F46E8869

Amount of Each Receipt this Period **125.00**

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

c. Julia Elrod MD
Full Name (Last, First, Middle Initial)

Mailing Address 110 Oxford Circle

City Bossier City State LA Zip Code 71111

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A95CF675320264EB6834

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 30 OF 101
<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. 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	/	2013

Transaction ID : A20BBEEA8F3DA4A2C8AI

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

B. 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
American Anesthesiology of the Southea	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	/	2013

Transaction ID : A95D29A7207304939866

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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

Mailing Address 617 Blair Street

City	State	Zip Code
Greensboro	NC	27408

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A2E6C1066300E4B69A81

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 31 OF 101
	<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 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 **09 / 30 / 2013**
Transaction ID : A08CC27485EC349C6AD1
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. Tara T Foerster
 Full Name (Last, First, Middle Initial)
 Mailing Address 2153 Steeplewood Drive
 City Grapevine State TX Zip Code 76051
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation NNP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **216.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : AF10CDEE7E25B4B2D990
 Amount of Each Receipt this Period **24.00**
 Payroll Deduction Payroll Deduction: \$12.00/Bi-Monthly

C. 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 **09 / 30 / 2013**
Transaction ID : AE9A5C74BBB1545EB982
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **124.00**
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 32 OF 101
	<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 A Foster MD
Full Name (Last, First, Middle Initial)

Mailing Address 1729 Oak Ridge Road

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	/	2013

Transaction ID : AE7A3396489FE4826A48

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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	/	2013

Transaction ID : A585DD04604C640C2919

Amount of Each Receipt this Period

85.00

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

C. Charles E Frederick MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Old Saybrook Drive

City Greensboro	State NC	Zip Code 27455-2724
--------------------	-------------	------------------------

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 ▼
870.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A076628991E1E4596BBA

Amount of Each Receipt this Period

30.00

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

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 33 OF 101
<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) A. Simon Frisch		Date of Receipt
Mailing Address 3816 W Hibiscus Street		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Weston	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8DDD900A1EAB4078AB/
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Josephine Gambardella MD		Date of Receipt
Mailing Address 1014 Priory Place		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2F6A2D77F5F0489A8D
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Virginia, P	Anesthesiologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="900.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A05527EE0A4834906A52
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="416.66"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3749.94"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="716.66"/>
TOTAL 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 34 OF 101
	<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 Gilbert MD
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Queens Road

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 Medical Director Anesth

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A6A9447B28A424015AA6

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 Dir of Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A5B29B04A55A8447FA08

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 ▼ **1080.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A158D7A2359BF408ABFF

Amount of Each Receipt this Period **120.00**

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **320.00**

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 101
	<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 ▼ 1961.99

Date of Receipt 09 / 30 / 2013
Transaction ID : **ADEEC77E3606946E3A35**

Amount of Each Receipt this Period 218.00

Payroll Deduction Payroll Deduction: \$109.00/Bi-Monthly

B. 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 ▼ 325.00

Date of Receipt 09 / 30 / 2013
Transaction ID : **A192DCAFFB2C343DB8DE**

Amount of Each Receipt this Period 25.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. 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 / 2013
Transaction ID : **AF42AA42C73724641932**

Amount of Each Receipt this Period 100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... ▶ 343.00

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 101
<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. 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 American Anesthesiology of the Southea Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : AD3E7B7D6C94B40649AA
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

B. 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 / 2013**
Transaction ID : A38342BCA48EE48F79B5
 Amount of Each Receipt this Period **83.33**
 Payroll Deduction Payroll Deduction: \$83.33/Bi-Monthly

C. 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 / 2013**
Transaction ID : A102D4299199E4B32A00
 Amount of Each Receipt this Period **400.00**
 Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

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 37 OF 101
	<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. 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 / 2013**

Transaction ID : A947DDFC0FB9D4E0EBDC

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 ▼ **4000.02**

Date of Receipt **09 / 30 / 2013**

Transaction ID : ABAE95B1638D0475D9CA

Amount of Each Receipt this Period **458.34**

Payroll Deduction Payroll Deduction: \$229.17/Bi-Monthly

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 ▼ **2133.35**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AFBD932CF0BFF4DE8B64

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **608.34**

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 38 OF 101
	<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. 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 / 2013**

Transaction ID : A95E87EC66C814CD4A21

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. 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 / 2013**

Transaction ID : A87055052005C47F1911

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 7552 N Shores Dr

City Navarre State FL Zip Code 32566

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 ▼ **270.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A041EAE0215C0464A829

Amount of Each Receipt this Period **30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

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 39 OF 101
	<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. 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
American Anesthesiology of the Southea Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A110257C26EEB45A6AE1

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 / 2013
Transaction ID : A0ECC69D53FCB4893B49

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 / 2013
Transaction ID : A283BA445019D41E3A42

Amount of Each Receipt this Period
150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

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 40 OF 101
	<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. Amy V Isenberg MD
Full Name (Last, First, Middle Initial)

Mailing Address 5506 Captains Lane

City State Zip Code
Wilmington NC 28409

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 ▼
280.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A63C25D778C26445D8C0

Amount of Each Receipt this Period
40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

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

Mailing Address 420 Hendon Row Way

City State Zip Code
Fort Mill SC 29715

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 ▼
900.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A08D35D23BDD64668A3B

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. Angela Jarvie
Full Name (Last, First, Middle Initial)

Mailing Address 5993 West Hoover Avenue

City State Zip Code
Littleton CO 80123

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. Director of Operations10

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A8235B8D717D94C62A60

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 41 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Paul Jaszewski MD
Full Name (Last, First, Middle Initial)

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **675.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A762D75C4B06846C6BEB

Amount of Each Receipt this Period

75.00

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A43038701FBC243EC840

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. Martin B Jenkins MD
Full Name (Last, First, Middle Initial)

Mailing Address 9130 Anderton Springs Crescent

City Memphis	State TN	Zip Code 38133-0900
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AC316233846654D4CAF6

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 42 OF 101
<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. Peggy L Jenkins
Full Name (Last, First, Middle Initial)

Mailing Address 9432 Green Terrace Drive

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Hr Generalist
---	-----------------------------

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	/	2013

Transaction ID : A003ACAD550D449AE8F3

Amount of Each Receipt this Period

40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

B. 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
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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	/	2013

Transaction ID : A2843E9033A2148409DB

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

C. 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A5E4266E526714BCB879

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 43 OF 101
<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) A. Debra F Kaspar		Date of Receipt 09 / 30 / 2013 Transaction ID : ACFC417FFCC7E4705B2D
Mailing Address 11224 Handlebar Rd		Amount of Each Receipt this Period 253.92
City Reston	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. C		Payroll Deduction Payroll Deduction: \$126.96/Bi-Monthly
Name of Employer American Anesthesiology, Inc.	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2285.28	

Full Name (Last, First, Middle Initial) B. Alexander Kenton MD		Date of Receipt 09 / 30 / 2013 Transaction ID : A5405D29C0137430A9A3
Mailing Address 55 West Elm Circle		Amount of Each Receipt this Period 400.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C		Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	

Full Name (Last, First, Middle Initial) C. Elizabeth Krueger MD		Date of Receipt 09 / 30 / 2013 Transaction ID : A6CD1F81DB7E44F39AB5
Mailing Address 2420 Valley Brook Road		Amount of Each Receipt this Period 100.00
City Nashville	State TN	Zip Code 37215
FEC ID number of contributing federal political committee. C		Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly
Name of Employer Pediatrix Medical Group of Tennessee,	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional).....▶	753.92
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 44 OF 101
	<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: RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3749.94**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A6D01A95DB01F4873882

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

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

B. David T Lam MD
Full Name (Last, First, Middle Initial)

Mailing Address 6 Jordans Wood Circle

City San Antonio State TX Zip Code 78248

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 / 2013
Transaction ID : A7BA3D1E7164B466A93A

Amount of Each Receipt this Period: **90.00**

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

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 / 2013
Transaction ID : ACCE2380AB028496CA59

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **606.66**

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 45 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A0D1E4225B65D4A69877

Amount of Each Receipt this Period
125.00

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

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

City Bellevue	State WA	Zip Code 98006
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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 ▼
720.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A5C6DC3DF59D64573981

Amount of Each Receipt this Period
80.00

Payroll Deduction Payroll Deduction: \$80.00/Bi-Monthly

C. Vicki Leamy
Full Name (Last, First, Middle Initial)
Mailing Address 2523 Sheep Creek Rd

City Bedford	State VA	Zip Code 24523
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Adv Practionr Reg Mgr COS
---	---

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	/	2013

Transaction ID : AA4AD63E29B9E4EBBB62

Amount of Each Receipt this Period
60.00

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

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 46 OF 101
<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. 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 / 2013**

Transaction ID : A2B455D911CB840B88A1

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. 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 Pediatrix Medical Group of Washington, Occupation Corp Med Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A75519FFA50CD4EA5AE0

Amount of Each Receipt this Period **200.00**

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

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 Pediatrix Medical Group, Inc. Occupation Sr Division Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A331CE7EE430C49E9A94

Amount of Each Receipt this Period **200.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	450.00
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 101
<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. 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 Pediatrix Medical Group, Inc.	Occupation VP Program Development
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A001A9FFF40C140A9A9A

Amount of Each Receipt this Period
400.00

Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

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 Pediatrix Medical Group of Florida, In	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
525.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A100E9A35AA2D4C06A6C

Amount of Each Receipt this Period
25.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 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	/	2013

Transaction ID : AAE23D99CD1F940CDB81

Amount of Each Receipt this Period
75.00

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

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 48 OF 101
<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. 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 American Anesthesiology of the Southea	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	/	2013

Transaction ID : A96FBBA8E0C6843CCAC

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

B. 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	/	2013

Transaction ID : AA90DAAE0B35143739EC

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A7CA28B5C116A4EC6955

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 49 OF 101
<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. Robert Manning
Full Name (Last, First, Middle Initial)

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 ▼ **720.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A3E3D962D13E74C408B3

Amount of Each Receipt this Period **90.00**

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

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 ▼ **2220.12**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AD86C610120FA4B38875

Amount of Each Receipt this Period **246.68**

Payroll Deduction Payroll Deduction: \$123.34/Bi-Monthly

C. Jay Martin
Full Name (Last, First, Middle Initial)

Mailing Address 2715 Bembridge Drive

City Raleigh State NC Zip Code 27613

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

Name of Employer American Anesthesiology of North Carol Occupation Director of Oper ANES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3145.45**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A265AE426E3404C4B9CD

Amount of Each Receipt this Period **362.50**

Payroll Deduction Payroll Deduction: \$181.25/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **699.18**

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 101
	<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. 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
 09 / 30 / 2013
Transaction ID : A7F92C0231C42485595F
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

B. 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 Pediatrix Medical Group, P.C. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3750.03**

Date of Receipt
 09 / 30 / 2013
Transaction ID : AAAF2882125264C99B5F
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

C. 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 American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 09 / 30 / 2013
Transaction ID : AD294D4C2E99C4990B54
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **858.34**
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 51 OF 101
	<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. 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 Pediatrix Medical Group of Florida, In	Occupation Pediatric Cardiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

Transaction ID : A30597F03268A4B5C815

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

B. William McCrea MD
Full Name (Last, First, Middle Initial)
Mailing Address 6601 Cove Point Drive

City Wilmington	State NC	Zip Code 28409
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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 ▼ **310.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

Transaction ID : AA42F4CDCD628472B9BD

Amount of Each Receipt this Period

30.00

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

C. Harlan McCulloch MD
Full Name (Last, First, Middle Initial)
Mailing Address 7528 Waterview Drive

City Cornelius	State NC	Zip Code 28031
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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	/	D D	/	Y Y Y Y
09	/	30	/	2013

Transaction ID : A11AD404156214A6CB34

Amount of Each Receipt this Period

75.00

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	205.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 101
	<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. Deborah MedelGuerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 12922 Grand Oaks Drive
 City Davie State FL Zip Code 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Regional Operations Spec
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 680.00

Date of Receipt
 09 / 13 / 2013
Transaction ID : AF40E7838CDF44D77BD6
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction Payroll Deduction: \$40.00/Bi-Monthly

B. 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 / 2013
Transaction ID : A76267189FE704A66AC5
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. Stacey L Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 5200 Rowlett Creek Way
 City Mckinney State TX Zip Code 75070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Reg Dir Patient Accts
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : AF6E902A90B824CE8906
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 53 OF 101
	<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. 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 Obstetrix Medical Group of Arizona, P.	Occupation Medical Director PERI
--	-------------------------------------

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 / 2013
Transaction ID : AFCAE097203FB4410927

Amount of Each Receipt this Period
150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

B. 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 Pediatrix Medical Group of Michigan, P	Occupation Corporate Medical Directr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1800.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A6C99946B145547A7B8D

Amount of Each Receipt this Period
200.00

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

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

Mailing Address 6525 Monument Avenue

City Richmond	State VA	Zip Code 23226
------------------	-------------	-------------------

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 ▼
1710.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : AB1AE22CEC48B4BCEA39

Amount of Each Receipt this Period
190.00

Payroll Deduction Payroll Deduction: \$95.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 101
<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. 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 ▼ 350.00

Date of Receipt 09 / 30 / 2013
Transaction ID : A376434349D1348C683D

Amount of Each Receipt this Period 50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 / 2013
Transaction ID : A0CF6B41CC14343CEA73

Amount of Each Receipt this Period 50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1350.00

Date of Receipt 09 / 30 / 2013
Transaction ID : AF955A8F167774902876

Amount of Each Receipt this Period 150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

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 55 OF 101
	<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: 09 / 30 / 2013
Transaction ID : A4333A2A6B81C4315936
Amount of Each Receipt this Period: 416.00
Payroll Deduction Payroll Deduction: \$416.00/Bi-Monthly

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: American Anesthesiology of the Southea Occupation: Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **225.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A26956F92FC0544DABDF
Amount of Each Receipt this Period: 25.00
Payroll Deduction Payroll Deduction: \$12.50/Bi-Monthly

C. 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: American Anesthesiology of the Southea Occupation: Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **234.08**

Date of Receipt: 09 / 30 / 2013
Transaction ID : AD19EF2DFD8F945B8AB1
Amount of Each Receipt this Period: 33.44
Payroll Deduction Payroll Deduction: \$16.72/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **474.44**
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 56 OF 101
<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 / 2013
Transaction ID : AF62DCA0D58A848AD807
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 / 2013
Transaction ID : A244AA9437BF0482CB3A
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

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 / 2013
Transaction ID : A2C29A3F010D24C0BAF3
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **475.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 101
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Alan B Oliver
Full Name (Last, First, Middle Initial)
Mailing Address 130 Orion Circle

City Jupiter	State FL	Zip Code 33477
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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 ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AC3FF00A03CAE4A44BCA

Amount of Each Receipt this Period
250.00

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

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	/	2013

Transaction ID : AED8F47B3C4F64036858

Amount of Each Receipt this Period
120.00

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

C. Eduardo A Otero MD
Full Name (Last, First, Middle Initial)
Mailing Address 2110 Alahmbra Crcl

City Coral Gables	State FL	Zip Code 33134
----------------------	-------------	-------------------

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

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

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	/	2013

Transaction ID : A660C01C657DB40878DF

Amount of Each Receipt this Period
150.00

Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	520.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 101
<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. 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 **09 / 30 / 2013**

Transaction ID : A1C8A907522EC4B01894

Amount of Each Receipt this Period **75.00**

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

B. 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 / 2013**

Transaction ID : A7E7F0B4332A74CD9B7C

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. Jeanne P Parke
Full Name (Last, First, Middle Initial)

Mailing Address 7193 Lake Island Dr

City Lake Worth State FL Zip Code 33467

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Clinical Systems

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A690FC2538E424B30890

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 59 OF 101
	<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. 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 / 2013**

Transaction ID : ADAFF42C5C0BE4121872

Amount of Each Receipt this Period **30.00**

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

B. Jason E Pate
Full Name (Last, First, Middle Initial)

Mailing Address 3001 President George Bush Tpk Suite 250

City Richardson State TX Zip Code 75082

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 ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AAA3B1463304A42E48CA

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. Chetan R Patel MD
Full Name (Last, First, Middle Initial)

Mailing Address 7602 Timberly Court

City McLean State VA Zip Code 22102

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 ▼ **500.00**

Date of Receipt **09 / 28 / 2013**

Transaction ID : A04CC808B58B744CCBFA

Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional)..... **580.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 101
<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) A. Darren Patz		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : A85DEEA103EF04C489F5
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 416.66
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3749.94	
		Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

Full Name (Last, First, Middle Initial) B. Joshua Peck		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : A52248D1ACBAF4943972
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 100.00
City Ft Lauderdale	State FL	Zip Code 33301
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 ▼ 775.00	
		Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

Full Name (Last, First, Middle Initial) C. John Pepia		Date of Receipt MM / DD / YYYY 09 / 30 / 2013 Transaction ID : ACE313945D3DE47EA90F
Mailing Address 20160 Ocean Key Dr		Amount of Each Receipt this Period 400.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3600.00	
		Payroll Deduction Payroll Deduction: \$400.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	916.66
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 61 OF 101
<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. Maria R Pierce MD
Full Name (Last, First, Middle Initial)

Mailing Address 33 W Elm Circle

City San Antonio State TX Zip Code 78230

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2499.96**

Date of Receipt: 09 / 30 / 2013
Transaction ID : AFB771764EFBC4914964

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

Payroll Deduction Payroll Deduction: \$208.33/Bi-Monthly

B. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City Stony Creek State VA Zip Code 23882

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2945.76**

Date of Receipt: 09 / 30 / 2013
Transaction ID : ACBA5772E7BAE463EBBA

Amount of Each Receipt this Period: **357.06**

Payroll Deduction Payroll Deduction: \$178.53/Bi-Monthly

C. Mary J Poulson
Full Name (Last, First, Middle Initial)

Mailing Address 1954 S Parfet Drive

City Lakewood State CO Zip Code 80227

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

Name of Employer: Mednax Services, Inc. Occupation: Dir Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A7ADBE913D4A94473AB2

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

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **873.72**

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 101
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A8543E4A11DD649DABDD

Amount of Each Receipt this Period
200.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A2D558CEA84F94B79B3B

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 ▼
650.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AD90B9CE4734647EB817

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 63 OF 101
<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. Jamie A Ramsay MD
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Blenheim Place

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

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : A436AAC240E4E43D09FF

Amount of Each Receipt this Period
400.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 / 2013

Transaction ID : AE713183FE1EB495CAA8

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 ▼
900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013

Transaction ID : A0E5A3CC4B3574173A74

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 64 OF 101
	<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 P Rieker MD
Full Name (Last, First, Middle Initial)

Mailing Address 708 Marlowe Road

City Raleigh State NC Zip Code 27609

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 / 2013**

Transaction ID : A1F1DB4DFD254C2991C

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467

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

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1050.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : ACA8D25AEFF67451B88E

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

C. 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 / 2013**

Transaction ID : A47720A03AFFA4951B7E

Amount of Each Receipt this Period **60.00**

Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **210.00**

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 101
<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. 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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A8CD7FCA72ABE4670AC6

Amount of Each Receipt this Period

2013	2014	2015	2016	2017
50.00				

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

B. Robert A Royster MD
Full Name (Last, First, Middle Initial)
Mailing Address 3600 Eden Croft Drive

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 Assoc
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AE3DE5DC69E9F4A00B5F

Amount of Each Receipt this Period

2013	2014	2015	2016	2017
25.00				

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. 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 Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AD6409EA316334893922

Amount of Each Receipt this Period

2013	2014	2015	2016	2017
200.00				

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 66 OF 101
	<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 Salama MD
Full Name (Last, First, Middle Initial)

Mailing Address 16741 100 Norman Place

City Cornelius	State NC	Zip Code 28031
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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	/	2013

Transaction ID : ADF0BAF315A548DF832

Amount of Each Receipt this Period

75.00

Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

B. 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 ▼ **1567.25**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AEA9604C8554B4B43869

Amount of Each Receipt this Period

174.14

Payroll Deduction Payroll Deduction: \$87.07/Bi-Monthly

C. Rhonda B Sanders
Full Name (Last, First, Middle Initial)

Mailing Address 161 Falling Creek Court

City Clayton	State NC	Zip Code 27520
-----------------	-------------	-------------------

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

Name of Employer Critical Health Systems, Inc.	Occupation Reg Mgr Patient Accts
---	-------------------------------------

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	/	2013

Transaction ID : A9DD98488F0674D00A16

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....	299.14
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 67 OF 101
<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. 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	/	2013

Transaction ID : A5DA78B36FDBD4276B52

Amount of Each Receipt this Period

41.60

Payroll Deduction Payroll Deduction: \$20.80/Bi-Monthly

B. Debra Sansoucie
Full Name (Last, First, Middle Initial)

Mailing Address 3663 Whippoorwill 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 ▼ **1625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A6D0CFB9551514560A09

Amount of Each Receipt this Period

125.00

Payroll Deduction Payroll Deduction: \$62.50/Bi-Monthly

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A37B9F112156B4552B5B

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	216.60
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 101
	<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 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	/	2013

Transaction ID : A824047981C1345969B2

Amount of Each Receipt this Period

40.00

Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

B. 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	/	2013

Transaction ID : AFBEE16BDC59C45BF927

Amount of Each Receipt this Period

60.00

Payroll Deduction Payroll Deduction: \$60.00/Bi-Monthly

C. 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 ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A970FB99DE0624853AC6

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 69 OF 101
<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. 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	/	2013

Transaction ID : A4DAA1B5E659246EAB0B

Amount of Each Receipt this Period
45.00

Payroll Deduction Payroll Deduction: \$45.00/Bi-Monthly

B. Richard A Sidebottom MD
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Byron Nelson Pkwy

City Southlake	State TX	Zip Code 76092
-------------------	-------------	-------------------

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	/	2013

Transaction ID : A04FAEEF33F5C40E5A2E

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

C. James D Singer MD
Full Name (Last, First, Middle Initial)
Mailing Address 17 Captain's Point

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A0A3F3F71D1CA4981B35

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 70 OF 101
	<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. Kim G Smith MD
Full Name (Last, First, Middle Initial)

Mailing Address 3050 FM 1799

City Mineola State TX Zip Code 75773-4076

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 / 2013
Transaction ID : A5EA631A0D7524CD2BAA

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

B. Brenda Sommer
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City Boca Raton State FL Zip Code 33487

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Clin MgrChart Abstractor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1111.86**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A74936A7BC26C4CFFBD2

Amount of Each Receipt this Period: **123.54**

Payroll Deduction Payroll Deduction: \$61.77/Bi-Monthly

C. Laurie A Sosa
Full Name (Last, First, Middle Initial)

Mailing Address 2106 NW 166th Avenue

City Pembroke Pines State FL Zip Code 33028

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Corp Patient Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A99E9D00DE38842A1B1A

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

Payroll Deduction Payroll Deduction: \$10.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **243.54**

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 71 OF 101
	<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 / 2013
Transaction ID : A59BB66978D4A41D78A6
 Amount of Each Receipt this Period 30.00
 Payroll Deduction Payroll Deduction: \$30.00/Bi-Monthly

B. Craig Steiner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4709 Camargo Court
 City College Station State TX Zip Code 77845-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc.
 Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1125.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A6BBA87EB35724AB483A
 Amount of Each Receipt this Period 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

C. Paul Stern
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 NE Olive Way
 City Boca Raton State FL Zip Code 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc.
 Occupation VP Technical Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt
 09 / 30 / 2013
Transaction ID : A9D4DCD74D75A471FA68
 Amount of Each Receipt this Period 300.00
 Payroll Deduction Payroll Deduction: \$150.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶ 455.00
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 72 OF 101
	<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. Julia L Stones
Full Name (Last, First, Middle Initial)
Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale	State FL	Zip Code 33308
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A2C6F7B1904DF4F83AB0

Amount of Each Receipt this Period
170.00

Payroll Deduction Payroll Deduction: \$85.00/Bi-Monthly

B. Barry Stowe MD
Full Name (Last, First, Middle Initial)
Mailing Address 2021 Coniston Place

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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : AC81508AF823049E9984

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2013
Transaction ID : A76379EA156BB4E59981

Amount of Each Receipt this Period
140.00

Payroll Deduction Payroll Deduction: \$140.00/Bi-Monthly

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 73 OF 101
<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. 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AE797A4E47A394C70977

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

B. Raymond Sykola MD
Full Name (Last, First, Middle Initial)
Mailing Address 8418 Robbins Crescent Dr

City Cornelius	State NC	Zip Code 28031
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AD1996FFE378D4E41B5C

Amount of Each Receipt this Period

25.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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
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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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : AF85829AB25C3448EB5F

Amount of Each Receipt this Period

200.00

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

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 74 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. B Keith Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address 108 Linden Avenue

City Lynchburg State VA Zip Code 24503

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

Name of Employer Occupation
Pediatrix Medical Group, P.C. Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A5BF10406DA654451962

Amount of Each Receipt this Period
100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

B. Daniel Thailer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1630 Funny Cide Dr

City Waxhaw State NC Zip Code 28173

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 / 2013
Transaction ID : A7BD53383E6D842DFA70

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 / 2013
Transaction ID : A0003EE7B30224C5E9F9

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

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 101
	<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. 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	/	2013

Transaction ID : ADB90C3A6455F44E79FD

Amount of Each Receipt this Period
332.00

Payroll Deduction Payroll Deduction: \$166.00/Bi-Monthly

B. 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 ▼
416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A6B6498D017944AA9ABC

Amount of Each Receipt this Period
41.67

Payroll Deduction Payroll Deduction: \$41.67/Bi-Monthly

C. 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A0D4492F241404AB6AC7

Amount of Each Receipt this Period
227.27

Payroll Deduction Payroll Deduction: \$227.27/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	600.94
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 101
	<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. 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 / 2013**
Transaction ID : **A275F181A50C84FC8ADA**

Amount of Each Receipt this Period: **200.00**

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

B. Susan F Townsend MD
Full Name (Last, First, Middle Initial)

Mailing Address 5450 Autumn Court

City Greenwood Village State CO Zip Code 80111

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 ▼ **1125.00**

Date of Receipt: **09 / 30 / 2013**
Transaction ID : **AB797F372985D4C29A7C**

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

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

C. 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 / 2013**
Transaction ID : **A462C1AD2EF4F4E7A9A8**

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

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **425.00**

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 77 OF 101
<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. 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 Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1800.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : A36AE5FAFE084A82BC6
 Amount of Each Receipt this Period **200.00**
 Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

B. Gary A Twiggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24761 Judi Court Ste 4000
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3750.03**

Date of Receipt **09 / 30 / 2013**
Transaction ID : A86006F9698D54D9B9F2
 Amount of Each Receipt this Period **416.67**
 Payroll Deduction Payroll Deduction: \$416.67/Bi-Monthly

C. Julio Vallette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Normandy Dr
 City Indialantic State FL Zip Code 32903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Florida, In Occupation Corp Med Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **3500.00**

Date of Receipt **09 / 30 / 2013**
Transaction ID : AB6DB4361DB474088B67
 Amount of Each Receipt this Period **500.00**
 Payroll Deduction Payroll Deduction: \$500.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **1116.67**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 78 OF 101
	<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 / 2013**

Transaction ID : AAFADA30B25DE4DAC9D

Amount of Each Receipt this Period **40.00**

Payroll Deduction Payroll Deduction: \$40.00/Bi-Monthly

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 ▼ **700.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : AB9CB9592669E46E083A

Amount of Each Receipt this Period **100.00**

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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 ▼ **450.00**

Date of Receipt **09 / 30 / 2013**

Transaction ID : A29A25677F809435BB1E

Amount of Each Receipt this Period **50.00**

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 79 OF 101
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Martin P Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7960 Simonds Road NE
 City Kenmore State WA Zip Code 98028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Practice Med DirPERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1125.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A7D611312DFB84D8C9A0
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

B. 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 / 2013
Transaction ID : A257731A28CF740968B3
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

C. 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 **560.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : A46B90456D7464635A71
 Amount of Each Receipt this Period: 40.00
 Payroll Deduction Payroll Deduction: \$20.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional)..... **415.00**
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 101
<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 / 2013
Transaction ID : AE1064E0F9BA94163A6A
Amount of Each Receipt this Period: 400.00
Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

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 / 2013
Transaction ID : AA0A597977DDC4235939
Amount of Each Receipt this Period: 75.00
Payroll Deduction Payroll Deduction: \$75.00/Bi-Monthly

C. Mike Williams
Full Name (Last, First, Middle Initial)
Mailing Address 4824 Studbury Hall Ct
City Wake Forest State NC Zip Code 27587
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 **1800.00**

Date of Receipt: 09 / 30 / 2013
Transaction ID : AFD14E91B2DCD4FB181A
Amount of Each Receipt this Period: 200.00
Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....	675.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 101
	<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. Bonnie Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv
Blv

City Fort Lauderdale State FL Zip Code 33316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1875.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A836013619B804C138F9

Amount of Each Receipt this Period
250.00

Payroll Deduction Payroll Deduction: \$125.00/Bi-Monthly

B. Karen S Witte
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Concord Terrace

City Sunrise State FL Zip Code 33323-0000

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

Name of Employer: Mednax Services, Inc. Occupation: Asst ControllerDISBMT

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : AA24657BE334C4AEFA8D

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. Terri Wohlever
Full Name (Last, First, Middle Initial)

Mailing Address 4106 Rive Lane

City Addison State TX Zip Code 75001

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 ▼
450.00

Date of Receipt
09 / 30 / 2013
Transaction ID : A234D14D570AC49CAA65

Amount of Each Receipt this Period
50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

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 82 OF 101
	<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. Lydia N Wright MD
Full Name (Last, First, Middle Initial)

Mailing Address 3224 Shadow Court

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

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

Name of Employer Obstetrix Medical Group of Coastal Car	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.30**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A1827262746B34E1F854

Amount of Each Receipt this Period

41.70

Payroll Deduction Payroll Deduction: \$41.70/Bi-Monthly

B. Peter K Wu MD
Full Name (Last, First, Middle Initial)

Mailing Address 908 Symphony Circle SW

City Vienna	State VA	Zip Code 22180
----------------	-------------	-------------------

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

Name of Employer American Anesthesiology of Virginia, P	Occupation 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	/	2013

Transaction ID : A6CC085155803409DAA2

Amount of Each Receipt this Period

100.00

Payroll Deduction Payroll Deduction: \$100.00/Bi-Monthly

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A2ECE3FEA7EEA4D8A920

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$50.00/Bi-Monthly

SUBTOTAL of Receipts This Page (optional).....▶	191.70
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 101
	<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. Gary L Yup MD
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Fireside Circle

City Reno	State NV	Zip Code 89509
--------------	-------------	-------------------

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

Name of Employer 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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : ABAD906F729344B2DBAA

Amount of Each Receipt this Period

200.00

Payroll Deduction Payroll Deduction: \$200.00/Bi-Monthly

B. Karen J Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 1799 S Lee Street
Unit B

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:
 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	/	2013

Transaction ID : A540A9F18471249D2A38

Amount of Each Receipt this Period

50.00

Payroll Deduction Payroll Deduction: \$25.00/Bi-Monthly

C. Terrance J Zuerlein MD
Full Name (Last, First, Middle Initial)

Mailing Address 21 Fontenay Circle

City Little Rock	State AR	Zip Code 72223
---------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Arkansas, P	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2013

Transaction ID : A2A46309755B84F89A24

Amount of Each Receipt this Period

250.00

Payroll Deduction Payroll Deduction: \$250.00/Bi-Monthly

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: PAGE 84 OF 101
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Ann Zugarramurdi

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

M M	/	D D	/	Y Y Y Y
09	/	30	/	2013

Transaction ID : A76885BAB0D8241CCA29

Amount of Each Receipt this Period
30.00

Payroll Deduction Payroll Deduction: \$15.00/Bi-Monthly

Full Name (Last, First, Middle Initial)
B.

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)
C.

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	29956.23

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 101
(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 ▼
 808.20

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 19 / 2013
Transaction ID : A4B88CFAACE7C4E3CAC
 Amount of Each Receipt this Period
 115.79
 Reimbursement of 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

SUBTOTAL of Receipts This Page (optional).....▶	115.79
TOTAL This Period (last page this line number only).....▶	115.79

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 16 / 2013

Transaction ID : BA36417FC48E847999E1

Amount of Each Disbursement this Period

146.67

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

146.67

146.67

**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. Alamo PAC

Mailing Address 919 Congress Ave
Suite 1400

City Austin State TX Zip Code 78701-2114

Purpose of Disbursement
Political Contribution- 2013

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 09 / 2013

Transaction ID : **BF2FF659AF2E24C5B89A**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. BUDDY CARTER FOR CONGRESS

Mailing Address 200 E ST JULIAN ST SUITE 603

City Savannah State GA Zip Code 31401-2754

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Earl Leroy Carter

Office Sought: House
 Senate
 President
State: GA District: 01

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : **B2641EA528DBF4DD8B83**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CASTOR FOR CONGRESS

Mailing Address 301 W PLATT STREET, #385

City TAMPA State FL Zip Code 33606

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Kathy Castor

Office Sought: House
 Senate
 President
State: FL District: 14

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : **B4A47F1160289410C939**

Amount of Each Disbursement this Period

2500.00

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 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. CONSERVATIVE VICTORY INC

Mailing Address 5268 G NICHOLSON LANE SUITE 320

City KENSINGTON State MD Zip Code 20895

Purpose of Disbursement
Political Contribution- 2013

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2013

Transaction ID : BC45DA689415D485AADD

Amount of Each Disbursement this Period

5000.00

B. DONNA SHELDON FOR CONGRESS INC

Mailing Address PO BOX 1189

City MONROE State GA Zip Code 30655

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Donna Hortman Sheldon

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: GA District: 10

Date of Disbursement

MM / DD / YYYY
09 / 10 / 2013

Transaction ID : B60584D8E87BB4DB08F6

Amount of Each Disbursement this Period

1000.00

C. ENZI FOR US SENATE

Mailing Address PO BOX 2775

City CODY State WY Zip Code 82414

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Sen. Mike B. Enzi

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify)

State: WY District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B10231082C6654B5E82F

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

11000.00

**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. FRIENDS OF LOIS CAPPES

Mailing Address P.O. BOX 23940

City State Zip Code
SANTA BARBARA CA 93121

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Lois Capps

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 24

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : **B3A2DBCAA16F74E3C853**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PETE GALLEGO

Mailing Address PO BOX 1781

City State Zip Code
San Antonio TX 78296-1781

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Pete P. Gallego

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 23

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : **BB0F7B68B6AEE40EFAE1**

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

C. HELLER FOR SENATE

Mailing Address PO BOX 371907

City State Zip Code
Las Vegas NV 89137-1907

Purpose of Disbursement
Political Contribution- 2012 General Debt Retirement

Candidate Name
Sen. Dean Heller

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: NV District: Gen. Debt Retire2012

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : **BFAC708E0D88246A3AD3**

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

7500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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. Jim Gerlach For Congress Committee

Mailing Address PO Box 87

City Uwchland State PA Zip Code 19480

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Jim W. Gerlach

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : BC01F09C3C0AB4C2983B

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Joe Garcia For Congress

Mailing Address 210 MENDOZA AVE

City Coral Gables State FL Zip Code 33134-3941

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Joe Garcia

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: FL District: 26

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B7D15192EB13A4F81A73

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Kevin McCarthy

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CA District: 23

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : BA3338B259C0F4F5A8FA

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 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. Majority Committee

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement
Political Contribution- 2013

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2013
 Primary General
 Other (specify) Other2013

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B329EFA6632DE411298F

Amount of Each Disbursement this Period

2500.00

B. PASCRELL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 640

City TOTOWA State NJ Zip Code 07511

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Bill J. Pascrell Jr.

Office Sought: House Senate President

State: NJ District: 09

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B3A947D944E7844968B8

Amount of Each Disbursement this Period

2500.00

C. RE-ELECT TIM GRIFFIN FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7526

City Little Rock State AR Zip Code 72217-7526

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Tim Griffin

Office Sought: House Senate President

State: AR District: 02

Disbursement For: 2014
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B1EB2A4E1352B49A5BCB

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City TAYLORVILLE State IL Zip Code 62568

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Rodney L. Davis

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 13

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : BE5C6F3D3EC4545F8AFB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ryan For Congress

Mailing Address P.O. Box 1919

City Janesville State WI Zip Code 53547

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Paul D. Ryan

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: WI District: 01

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2013

Transaction ID : B129CABB4D6A741AA827

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. SCHAKOWSKY FOR CONGRESS

Mailing Address P.O. BOX 5130

City EVANSTON State IL Zip Code 60204

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Jan D. Schakowsky

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: IL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 17 / 2013

Transaction ID : B9F52F8F9EB3B4ABD9BA

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

8500.00

**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. Upton For All Of Us

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Fred S. Upton

Office Sought: House
 Senate
 President
State: MI District: 06

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : B62E362E4DDA1469CA7F

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5000.00

55500.00

**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. Aguilar Leadership Fund

Mailing Address 3071 S. Irving Street

City State Zip Code
Denver CO 80236-2305

Purpose of Disbursement
Political Contribution- 2013/2014 Cycle

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	7			2	0	1	3		

Transaction ID : BF446B2CB5E8447A99E3

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. BrianPAC

Mailing Address 4460 Hayler Avenue

City State Zip Code
Loveland CO 80538-4994

Purpose of Disbursement
Political Contribution- 2013/2014 Cycle

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : BE1BD6AFB64824CF99C8

Amount of Each Disbursement this Period

5	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Chris Holbert for Senate

Mailing Address 10138 Severn Ln.

City State Zip Code
Parker CO 80134-3613

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	3		

Transaction ID : BC681C8C334AF4A25B24

Amount of Each Disbursement this Period

2	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	.	0	0
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1	2	5	0	0	0	.	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Chris Holbert for Senate		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address 10138 Severn Ln.		Transaction ID : B59259B026913408798F
City Parker	State CO	
Zip Code 80134-3613	Purpose of Disbursement Political Contribution- General 2014	Amount of Each Disbursement this Period 100.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Citizens For a Healthy Colorado		Date of Disbursement MM / DD / YYYY 09 / 17 / 2013
Mailing Address 2400 Golden Gate Canyon Rd.		Transaction ID : B685B85083B0B4492BA7
City Black Hawk	State CO	
Zip Code 80422-8956	Purpose of Disbursement Political Contribution- 2013/2014 Cycle	Amount of Each Disbursement this Period 500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other2013	

Full Name (Last, First, Middle Initial) C. Colorado Leadership Fund, LLC		Date of Disbursement MM / DD / YYYY 09 / 19 / 2013
Mailing Address 6043 S. Eagle Street		Transaction ID : BE912D3BD21CE438B9D6
City Centennial	State CO	
Zip Code 80016-4703	Purpose of Disbursement Political Contribution- 2013	Amount of Each Disbursement this Period 1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other2013	

SUBTOTAL of Disbursements This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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 Ben Kieckhefer

Mailing Address 10045 Goler Wash Ct.

City Reno State NV Zip Code 89521-3029

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	3

Transaction ID : **BB286DD26EE944C5BB12**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. Committee to Elect Jenise May

Mailing Address PO Box 31392

City Aurora State CO Zip Code 80041-0392

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

Transaction ID : **B03D24D4664B0435CADA**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Committee to Elect Jenise May

Mailing Address PO Box 31392

City Aurora State CO Zip Code 80041-0392

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	3

Transaction ID : **B67F766612A5B41EDB2D**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

5	3	0	0	0	0	0	0	0	0
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5	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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 Tracy Kraft-Tharp

Mailing Address 12083 W. 84th Place

City Arvada State CO Zip Code 80005-5165

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

M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : B02CC51B6C6414347ADE

Amount of Each Disbursement this Period

100.00

B. Committee to Elect Tracy Kraft-Tharp

Full Name (Last, First, Middle Initial)

Mailing Address 12083 W. 84th Place

City Arvada State CO Zip Code 80005-5165

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : B1861CFF3C96F456EBC1

Amount of Each Disbursement this Period

200.00

C. Committee to Re-elect Glen Casada

Full Name (Last, First, Middle Initial)

Mailing Address 3144 Natoma Circle

City Thompson Station State TN Zip Code 37179

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 10 / 2013

Transaction ID : B589D8CA56B8A435C8A0

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

1300.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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. Dave Young for Colorado

Mailing Address PO Box 58

City State Zip Code
Greeley CO 80632-0058

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

M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : BC9E6348A033544B98F8

Amount of Each Disbursement this Period

100.00

B. Dave Young for Colorado

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 58

City State Zip Code
Greeley CO 80632-0058

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : BBF88901D0A7E4EDDA99

Amount of Each Disbursement this Period

200.00

C. Ellen Roberts for State Senate

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3373

City State Zip Code
Durango CO 81302-3373

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

M M / D D / Y Y Y Y
09 / 13 / 2013

Transaction ID : B2127795E1A4F4326A86

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

500.00

**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. Ellen Roberts for State Senate		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address PO Box 3373		Transaction ID : BB884777696DC45DD8F6
City Durango	State CO	
Zip Code 81302-3373	Purpose of Disbursement Political Contribution- Primary 2014	Amount of Each Disbursement this Period 200.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Friends Of Donna Sheldon		Date of Disbursement MM / DD / YYYY 09 / 10 / 2013
Mailing Address 2186 Ewing chapel Road		Transaction ID : BA7D7039B33B446B2BB7
City Dacula	State GA	
Zip Code 37064	Purpose of Disbursement VOID - Political Contribution- Primary 2014 original 8/6/13	Amount of Each Disbursement this Period -1000.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. House Majority Project		Date of Disbursement MM / DD / YYYY 09 / 13 / 2013
Mailing Address PO Box 181413		Transaction ID : BD7A107940FE34244978
City Denver	State CO	
Zip Code 80218-8827	Purpose of Disbursement VOID - Political Contribution 2013	Amount of Each Disbursement this Period -500.00
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	
State: District:	Other2013	

SUBTOTAL of Disbursements This Page (optional).....▶	-1300.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
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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. KPAC

Mailing Address 12255 URSULA ST.

City Henderson State CO Zip Code 80640-9430

Purpose of Disbursement
Political Contribution- 2013/2014 Cycle

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : B961A08FEF4564BB9ABF

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mainstream Colorado

Mailing Address 6043 S. Eagle St.

City Centennial State CO Zip Code 80016-4703

Purpose of Disbursement
Political Contribution 2013 to 527

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			1	3			2	0	1	3		

Transaction ID : BD645E89C5B274177B81

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. SzaboPAC

Mailing Address P.O BOX 746048

City Arvada State CO Zip Code 80006-6048

Purpose of Disbursement
Political Contribution- 2013/2014 Cycle

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			2	7			2	0	1	3		

Transaction ID : B94ED334D21284911B4A

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	5	0	0	.	0	0
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5	0	0	.	0	0
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