

**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="2012"/>		643339.68
(b) Cash on Hand at Beginning of Reporting Period.....	677721.14	
(c) Total Receipts (from Line 19)	159455.51	202520.55
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	837176.65	845860.23
7. Total Disbursements (from Line 31).....	103952.78	112636.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	733223.87	733223.87
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	158383.69	200427.14
(ii) Unitemized	13.00	235.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	158396.69	200662.14
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1058.82	1058.82
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	159455.51	201720.96
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).....	0.00	389.59
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	410.00
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))..... ▶	159455.51	202520.55
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	159455.51	202520.55

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	1376.78	1660.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1376.78	1660.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	102000.00	105000.00
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	576.00	5976.00
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)) ..	103952.78	112636.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	103952.78	112636.36

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)	159455.51	201720.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	159455.51	201720.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1376.78	1660.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	389.59
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1376.78	1270.77

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

This amendment is to correct the election designation for Dave Camp for congress. The contribution should have been designated to the General election.

Form/Schedule:
Transaction ID:

**SCHEDULE A (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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. 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 ▼ **150.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : AE4E89981E78540D086C

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

Payroll Deduction

B. 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 ▼ **200.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A42540175F8BF4BC6BDF

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

Payroll Deduction

C. 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: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A4BCC34135BB149609EC

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

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 136
	<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. Lori F Abolafia
Full Name (Last, First, Middle Initial)

Mailing Address 1860 NW 108th Avenue

City Plantation State FL Zip Code 33322

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

Name of Employer Mednax Services, Inc. Occupation Phys Relations Recruiter

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A41153EBB50874D2F849

Amount of Each Receipt this Period **20.00**

Payroll Deduction

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

Mailing Address 4321 Rio Robles Dr

City Austin 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 ▼ **200.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AA915B6B7B8D446C08EF

Amount of Each Receipt this Period **100.00**

Payroll Deduction

C. Robert Alphin MD
Full Name (Last, First, Middle Initial)

Mailing Address 4028 John S Raboteau Wynd

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A18925B5823B34BF38E9

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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: PAGE 9 OF 136
(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. Cesar Alvarez
 Full Name (Last, First, Middle Initial)
 Mailing Address 1221 Brickell Ave
 City Miami State FL Zip Code 33131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax, Inc. Occupation Chairman, Mednax, Inc. Board O
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 21 / 2012
Transaction ID : A4496E2C0A0554F67A3C
 Amount of Each Receipt this Period 5000.00

B. Barry D Amos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 852 Gull Point Road
 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 ▼ 20.00

Date of Receipt 02 / 15 / 2012
Transaction ID : A46148D3316914081927
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

C. Barry D Amos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 852 Gull Point Road
 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 ▼ 30.00

Date of Receipt 02 / 29 / 2012
Transaction ID : AC65492FBBB4440D0BAD
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5020.00
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 136
	<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. Thomas Anderson MD		Date of Receipt
Mailing Address 6226 S Fairfax Court		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Centennial	CO	80121
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA7EC35E8F51F4762A2E
Name of Employer	Occupation	Amount of Each Receipt this Period
Obstetrix Medical Group of Colorado, P	Medical Director PICU	<input type="text" value="40.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dominic J Andreano		Date of Receipt
Mailing Address 1720 SW 131st Terrace		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Davie	FL	33325
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AAE8DD949B9364611920
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	SVP and Gen'l Counsel	<input type="text" value="219.18"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="610.58"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic J Andreano		Date of Receipt
Mailing Address 1720 SW 131st Terrace		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Davie	FL	33325
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A95EF15B2A3FE4F6AA9A
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	SVP and Gen'l Counsel	<input type="text" value="203.53"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="814.11"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="442.71"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 136
	<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. Lisa Andruscavage DO		Date of Receipt
Mailing Address 8352 Cardington Dr		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Roanoke	VA	24019
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1FEEDC19D87644139DB
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, P.C.	Neonatologist	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Pratibha Ankola MD		Date of Receipt
Mailing Address 1073 Sing Sing Road B12		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Horseheads	NY	14845
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8B199799BE124E54985
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group Neonatology an	Medical Director NICU	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Zenaida P Aranda MD		Date of Receipt
Mailing Address 249 Clendenny Ave		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jersey City	NJ	07304-1112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3FB528930F0E4133BD8
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group Neonatology an	Neonatologist	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="60.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="10030.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 136
	<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. Eddie Arredondo		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A52309B0C42FE4F5BB54
Mailing Address 1827 Magliano Drive		Amount of Each Receipt this Period 25.00
City Boynton Beach	State FL	Zip Code 33436
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Audit Manager
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) B. Jennifer F Arriza		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : AA9AF013D08C048528FB
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) C. Jennifer F Arriza		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A5C0932A538FD4E0F97B
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	75.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 136
	<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		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : ACBDC8D5172C2490583D
Mailing Address 4756 Sharpstone Lane		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. David A Auerbach MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AD034D8E1C9BD45DEA9B
Mailing Address 355 Prima Vera Cove		Amount of Each Receipt this Period 5000.00
City Altamonte Springs	State FL	Zip Code 32714
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Corporate Medical Directr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Randi A Axelrod MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A9C7554F067A14713BCE
Mailing Address 1430 Hopeland Rd		Amount of Each Receipt this Period 2000.00
City Wycote	State PA	Zip Code 19095
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.A.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional).....▶	7050.00
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James L Banks MD
Full Name (Last, First, Middle Initial)

Mailing Address 19528 Ventura Blvd
Box 757

City Tarzana State CA Zip Code 91356

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 ▼ 500.00

Date of Receipt: 02 / 23 / 2012
Transaction ID : AD421172995CE4B42AC7

Amount of Each Receipt this Period: 500.00

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

Mailing Address 1642 White Pine Drive

City Vienna State VA Zip Code 22182

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

Name of Employer: American Anesthesiology of Virginia, P Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : A4B642DD3FD8745768F9

Amount of Each Receipt this Period: 50.00

Payroll Deduction

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

Mailing Address 813 Wood Cove Road

City Wilmington State NC Zip Code 28409

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt: 02 / 15 / 2012
Transaction ID : A6EA9DEC6556145268D4

Amount of Each Receipt this Period: 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 575.00

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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Andrew 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 ▼
 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A75E2AE3C248A4007B44
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

B. Michael Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger Hill
 City State Zip Code
 San Antonio TX 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : AF10CFF312F88461BB90
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

C. Michael Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger Hill
 City State Zip Code
 San Antonio TX 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A8DE8F9CDDF2042E4B50
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 136
	<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. Virgil E Bean MD		Date of Receipt
Mailing Address 5413 Andrews Reach Loop Rd		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A76E033A1D4694EAB98D
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="12.50"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="37.50"/>	

Full Name (Last, First, Middle Initial) B. Virgil E Bean MD		Date of Receipt
Mailing Address 5413 Andrews Reach Loop Rd		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A56339CA6462E49C3989
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="12.50"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="50.00"/>	

Full Name (Last, First, Middle Initial) C. Marc Belcastro DO		Date of Receipt
Mailing Address 486 W David Road		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Dayton	OH	45429
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A275F475A2853461CB33
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Ohio Corp.	Corporate Medical Directr	<input type="text" value="150.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
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 17 OF 136
	<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. 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 Occupation
 Pediatrix Medical Group of Louisiana, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A3E16172CACD7459D926
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

B. 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 ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A048FDA48E49342578BB
 Amount of Each Receipt this Period
 75.00
 Payroll Deduction

C. William H Benton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14001 Bell Pt Drive
 City Little Rock State AR Zip Code 72212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Arkansas, P Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : ADF98027AD1024430A03
 Amount of Each Receipt this Period
 2500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2725.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James Berger MD
Full Name (Last, First, Middle Initial)

Mailing Address 1802 Mohawk Lane

City Ogden State UT Zip Code 84403

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 21 / 2012**

Transaction ID : A86CAB07082BD454589E

Amount of Each Receipt this Period: **5000.00**

B. Mayoor Bhatt MD
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Dulles Avenue Apt 5207

City Stafford State TX Zip Code 77477

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 ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : AECE5A5F0986747C2B59

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

Payroll Deduction

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

Mailing Address 8050 Colonial Woods

City Boerne State TX Zip Code 78015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **135.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : AAEC750BC5ADF4CC0B09

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5095.00
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 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8050 Colonial Woods

City Boerne State TX Zip Code 78015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **180.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A2D78A7630AFB41A4962

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

Payroll Deduction

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

Mailing Address 2765 Sw 46 St

City Ft Lauderdale State FL Zip Code 33312

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

Name of Employer: **Mednax Services, Inc.** Occupation: **Dir Fin OpInternational**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : A2673CCC8F1C24718923

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

Mailing Address 2765 Sw 46 St

City Ft Lauderdale State FL Zip Code 33312

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

Name of Employer: **Mednax Services, Inc.** Occupation: **Dir Fin OpInternational**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A267A74F965D24B62A23

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **95.00**

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 136
	<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. Joseph L Brady JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 West 9th St
 City Charlotte State NC Zip Code 28202
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Pediatrix Medical Group of North Carol Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A6A2A9A04B8594EA0A31
 Amount of Each Receipt this Period
 1500.00
 Payroll Deduction

B. Albert V Brawley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 Brae Burn Drive
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Pediatrix Medical Group of Georgia, P. Hospital Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 175.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A30321E24E7494A0BB94
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

C. David R Breed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 S College St
 City Georgetown State TX Zip Code 78626
 FEC ID number of contributing federal political committee. C
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : ACF9B55130E964E2FB03
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 136
<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 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 **400.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A9D970FCB1FDF421A9F2
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

B. Howard Brenker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6566 NW 99 Lane
 City Parkland State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : AE249E59F94104782AFC
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

C. Brigit V Brock MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 NE 62nd Street
 City Seattle State WA Zip Code 98115-6534
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Perinatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **50.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A4BB7EEB8C4A84F6A98C
 Amount of Each Receipt this Period: 25.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 136
	<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"/>	<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 ▼ **75.00**

Date of Receipt **02 / 15 / 2012**
Transaction ID : **A92C554BACE384127BBA**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 1905 S Moorings Drive

City Wilmington State NC Zip Code 28405

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : **A4F9478563CEC4493829**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address PO Box 1044

City Vail State CO Zip Code 81657

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : **AA39C648503F54988A3E**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 136
	<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 C Bryant

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 ▼
833.32

Date of Receipt
02 / 29 / 2012
Transaction ID : A53949A74991A402E9F9

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 35 Havenwood

City Irvine State CA Zip Code 92614-5436

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

Name of Employer Information Requested Occupation Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
02 / 28 / 2012
Transaction ID : AA8D4F63526794E3986E

Amount of Each Receipt this Period
2500.00

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

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 ▼
180.00

Date of Receipt
02 / 15 / 2012
Transaction ID : A07BC072C544E4F5BA3E

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2976.66

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 24 OF 136
<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. Andrew Sean Campbell		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A28EF0AA52B4D4FCEB96
Mailing Address 423 Westridge Circle		Amount of Each Receipt this Period 60.00
City Anaheim	State CA	Zip Code 92651
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Pat Accts 15	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. William D Caplan MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A6E2D0F84E0744AF2840
Mailing Address 7207 Edloe		Amount of Each Receipt this Period 200.00
City Houston	State TX	Zip Code 77025
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Cay Carner		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A9F62771AC1484FC89AE
Mailing Address 2205 Vickers		Amount of Each Receipt this Period 25.00
City Plano	State TX	Zip Code 75075
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	285.00
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 136
<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. Ronald Carzoli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1505 First South
 Apt 401
 City Jacksonville State FL Zip Code 32250
 Name of Employer: Pediatrix Medical Group of Florida, Inc.
 Occupation: Corporate Medical Director
 Receipt For: Primary General Other (specify) ▼
 Name of Employer: Southeast Anesthesiology Consultants, Inc.
 Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) ▼

Date of Receipt: 02 / 29 / 2012
Transaction ID : A43C3B5B905DE420C904
 Amount of Each Receipt this Period: 125.00
 Payroll Deduction

B. Amy L Cassidy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8873 Cravenwood Dr
 City Oak Ridge State NC Zip Code 27310
 Name of Employer: Southeast Anesthesiology Consultants, Inc.
 Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) ▼

Date of Receipt: 02 / 29 / 2012
Transaction ID : A46308316C07243DC978
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction

C. Deborah Catland
 Full Name (Last, First, Middle Initial)
 Mailing Address 8620 Wood Forest
 City San Antonio State TX Zip Code 78251
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: NNP
 Receipt For: Primary General Other (specify) ▼

Date of Receipt: 02 / 15 / 2012
Transaction ID : A12107D2A72F8406DB1B
 Amount of Each Receipt this Period: 20.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	195.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 136
	<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. Deborah Catland
Full Name (Last, First, Middle Initial)

Mailing Address 8620 Wood Forest

City San Antonio State TX Zip Code 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 ▼ **80.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : AE6329D4367E446E5AB0

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

Payroll Deduction

B. Carroll L Chambers JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 3117 Cutchin Dr

City Charlotte State NC Zip Code 28210

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 ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A21D2F5C265374CBC9F9

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

Payroll Deduction

C. Joby Chandy MD
Full Name (Last, First, Middle Initial)

Mailing Address 1211N Kirkwood Rd

City Arlington State VA Zip Code 22201

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

Name of Employer: American Anesthesiology of Virginia, P Occupation: Anesthesiologist Assoc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt: **02 / 21 / 2012**
Transaction ID : ACB31AE05E8A8472F8F7

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **170.00**

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

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

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

FOR LINE NUMBER: PAGE 27 OF 136
(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. Paul S Chipley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 N Channel Drive
 City Wrightsville Beach State NC Zip Code 28480
 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 ▼ 30.00

Date of Receipt 02 / 15 / 2012
Transaction ID : A854077F9B581451AB59
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

B. Paul S Chipley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 N Channel Drive
 City Wrightsville Beach State NC Zip Code 28480
 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 ▼ 40.00

Date of Receipt 02 / 29 / 2012
Transaction ID : A1C179492D11346A4894
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

C. Elmer K Choi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11773 Hollyview Drive
 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 ▼ 200.00

Date of Receipt 02 / 29 / 2012
Transaction ID : A6A4524DB1448459E85A
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 28 OF 136
	<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. Katherine Claflin MD		Date of Receipt
Mailing Address 17580 Cantrell Rd		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Linwood	KS	66052
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A26965A29EB634C28B58
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Kansas, P.A	Corp Med Director NICU	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) B. Reese H Clark MD		Date of Receipt
Mailing Address 141 Reserve Drive		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Piedmont	SC	29673
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEB68552DD1A648598A2
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of South Carol	Neonatologist	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Bobby Clifton MD		Date of Receipt
Mailing Address 1312 Montrose Dr		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Shelby	NC	28150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9C44A58703D541D089D
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist Assoc	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="200.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2400.00"/>
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 29 OF 136
<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. Robert Closius		Date of Receipt
Mailing Address 4301 Willow Ridge Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Weston	FL	33331
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A99C1C6B667E34FFABBB
Mednax Services, Inc.	Mgr Network Services	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="180.00"/>	<input type="text" value="60.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Robert Closius		Date of Receipt
Mailing Address 4301 Willow Ridge Drive		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Weston	FL	33331
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A89C3600D4B6248F285B
Mednax Services, Inc.	Mgr Network Services	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	<input type="text" value="60.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Bridget A Cobb MD		Date of Receipt
Mailing Address 6883 Blantyre Blvd		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Stone Mountain	GA	30087
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A96245B517E424C57B1D
Pediatrix Medical Group of Georgia, P.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="50.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="145.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 30 OF 136
(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

Full Name (Last, First, Middle Initial)
A. Benton Cofer MD
 Mailing Address 51 Appian Circle
 City Simpsonville State SC Zip Code 29681
 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 ▼
 1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : AC161996F0E4D466CB06
 Amount of Each Receipt this Period
 1500.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Cameron Cole MD
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A8613684D18864132A7D
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Jose Colindres MD
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : AE172D1D0399E434691A
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1875.00
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 136
<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. Steve Collins
Full Name (Last, First, Middle Initial)

Mailing Address 10468 Laurel Road

City Davie State FL Zip Code 33328

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : AF459B0F599484C14A94

Amount of Each Receipt this Period **500.00**

Payroll Deduction

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 American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : A571D6DD6443248F1A4D

Amount of Each Receipt this Period **40.00**

Payroll Deduction

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

Mailing Address 2428 Green Meadows Lane

City Buda State TX Zip Code 78610

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Regional HS Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **55.45**

Date of Receipt **02 / 15 / 2012**
Transaction ID : A937297E7D3B24EFC843

Amount of Each Receipt this Period **55.45**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **595.45**

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 136
	<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. Frances C Cox
Full Name (Last, First, Middle Initial)

Mailing Address 2428 Green Meadows Lane

City	State	Zip Code
Buda	TX	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 ▼
110.90

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A7CD8809D08764ADD9D7

Amount of Each Receipt this Period
55.45

Payroll Deduction

B. J Thomas Thomas Cox JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 2488 W Keswick Road

City	State	Zip Code
Florence	SC	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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AA09F3CE059584AC492D

Amount of Each Receipt this Period
125.00

Payroll Deduction

C. Amanda R Crow MD
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Oxford Rd

City	State	Zip Code
Raleigh	NC	27609

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

Name of Employer	Occupation
American Anesthesiology Of Nc	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
70.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A1028A7D9B0E84800B3D

Amount of Each Receipt this Period
35.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	215.45
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 136
	<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. Thomas M Dalton MD
Full Name (Last, First, Middle Initial)

Mailing Address 812 Forest Hills Drive

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 ▼ **40.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AEE4F7985E8534C18914

Amount of Each Receipt this Period **10.00**

Payroll Deduction

B. Janice L DanaherGarske
Full Name (Last, First, Middle Initial)

Mailing Address 2810 Southwest 87th Avenue Unit 913

City Davie State FL Zip Code 33328

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

Name of Employer Pediatrix Medical Group, Inc. Occupation CRM System Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **30.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : A943CF4028B5947FAA07

Amount of Each Receipt this Period **10.00**

Payroll Deduction

C. Janice L DanaherGarske
Full Name (Last, First, Middle Initial)

Mailing Address 2810 Southwest 87th Avenue Unit 913

City Davie State FL Zip Code 33328

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

Name of Employer Pediatrix Medical Group, Inc. Occupation CRM System Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AFC70F5A04C074D69A81

Amount of Each Receipt this Period **10.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **30.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 136
	<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. Margaret Davis MD

Mailing Address 6204 Ardmore Way

City	State	Zip Code
Dublin	OH	43016

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 ▼ **100.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : A20BD3389501E404292F

Amount of Each Receipt this Period
50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Jorge Del Toro MD

Mailing Address 1059 Nautica Drive

City	State	Zip Code
Weston	FL	33327

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **641.34**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : A91C9EDC55DDA467AB4C

Amount of Each Receipt this Period
320.67

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Bruce J Denenny MD

Mailing Address 10 Winterberry Ct

City	State	Zip Code
Greensboro	NC	27455

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : A4E85A2D99E8A4765A3C

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	420.67
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: PAGE 35 OF 136
(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

Full Name (Last, First, Middle Initial)
A. Matthew J Devine

Mailing Address 2902 Needham Court

City State Zip Code
 Delray Beach FL 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 624.99

Date of Receipt
 02 / 15 / 2012
Transaction ID : AB9F4144369F04F29BDB

Amount of Each Receipt this Period
 208.33

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Matthew J Devine

Mailing Address 2902 Needham Court

City State Zip Code
 Delray Beach FL 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 02 / 29 / 2012
Transaction ID : AAAC86546BDF6420AAC7

Amount of Each Receipt this Period
 208.33

Payroll Deduction

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

Mailing Address 144 Edgewater Lane

City State Zip Code
 Wilmington NC 28403

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

Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 37.50

Date of Receipt
 02 / 15 / 2012
Transaction ID : ADE6A63F6E33B45C693E

Amount of Each Receipt this Period
 12.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 429.16

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 136
	<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. Christopher A Dixon DO		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AC4BEA6B366804983913
Mailing Address 144 Edgewater Lane		Amount of Each Receipt this Period 12.50
City Wilmington	State NC	Zip Code 28403
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) B. Rebecca D Doise MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A266BD046DE48456D9BF
Mailing Address 475 I49 S Service Road		Amount of Each Receipt this Period 25.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Emergent and Critical Care S	Occupation Medical Director ER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00	

Full Name (Last, First, Middle Initial) C. Rebecca D Doise MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AC8FB492BB657413D819
Mailing Address 475 I49 S Service Road		Amount of Each Receipt this Period 25.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Emergent and Critical Care S	Occupation Medical Director ER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	62.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 136
	<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. Patricia M Downey
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Far View Drive

City Austin State TX Zip Code 78730

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 ▼ **75.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : AEEBCE3972D0448BEAFE

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

B. Patricia M Downey
Full Name (Last, First, Middle Initial)

Mailing Address 3801 Far View Drive

City Austin State TX Zip Code 78730

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 ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A75BC907308674BD3B0F

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

C. Mike D Dwyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 421 Canterbury Way

City Jonesboro State GA Zip Code 30236

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Corporate Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A3C0F883A2FC44CAE96B

Amount of Each Receipt this Period: **4583.33**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **4633.33**

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 38 OF 136
<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. Julie Dyer		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A476C5500DA294578A19
Mailing Address 7273 Aventine Way Apt 107		Amount of Each Receipt this Period 20.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Tennessee,	Occupation NNP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 60.00	

Full Name (Last, First, Middle Initial) B. Julie Dyer		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A485950D63C124E7EA47
Mailing Address 7273 Aventine Way Apt 107		Amount of Each Receipt this Period 20.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Tennessee,	Occupation NNP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	

Full Name (Last, First, Middle Initial) c. Charlene D Edwards MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A3B8D705AA1AB4EDAA62
Mailing Address 4 Sailview Cove		Amount of Each Receipt this Period 50.00
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 136
	<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. Daniel P Eller
Full Name (Last, First, Middle Initial)

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs	State GA	Zip Code 30350
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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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A544F7D54E11A4923A52

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

Mailing Address 110 Oxford Circle

City Bossier City	State LA	Zip Code 71111
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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 ▼ **200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A3CC6BEDF6D024A7C811

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 3127 Windsong Dr

City Oakton	State VA	Zip Code 22124
----------------	-------------	-------------------

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 ▼ **100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AA6C2B812F02F4583840

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 136
	<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. 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 ▼
75.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2012
Transaction ID : A001642C3E51F4815A98

Amount of Each Receipt this Period
25.00

Payroll Deduction

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 ▼
100.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A1C03825B76B842EF8EE

Amount of Each Receipt this Period
25.00

Payroll Deduction

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 ▼
50.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A87B34D7C21DA418490D

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 136
	<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. Fuad Fakhreddine MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 215 Northglenn Court
 City Atlanta State GA Zip Code 30342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Georgia, P. Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A4EBC31C3723F4AFB8A2
 Amount of Each Receipt this Period 125.00
 Payroll Deduction

B. Kurt Feil
 Full Name (Last, First, Middle Initial)
 Mailing Address 9374 NW 18th Manor
 City Plantation State FL Zip Code 33322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 30.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : AF656046F3075412CBC0
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

C. Kurt Feil
 Full Name (Last, First, Middle Initial)
 Mailing Address 9374 NW 18th Manor
 City Plantation State FL Zip Code 33322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 40.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A4AADA03094D841A39B9
 Amount of Each Receipt this Period 10.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 136
	<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. Alan Fishman MD
Full Name (Last, First, Middle Initial)

Mailing Address 125 Hill Top Dr

City Los Gatos State CA Zip Code 95032

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

Name of Employer Obstetrix Medical Group of California, Occupation Corporate Medical Directr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A80051EE4F7494D52B2C

Amount of Each Receipt this Period
 5000.00

Payroll Deduction

B. 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 ▼ 50.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A352725A5AA774B4CAE2

Amount of Each Receipt this Period
 50.00

Payroll Deduction

C. 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 ▼ 36.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : AACEA82D672C54E93B53

Amount of Each Receipt this Period
 12.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5062.00
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 136
<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. 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 ▼ **48.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A32369FA5B3344D2290B

Amount of Each Receipt this Period: **12.00**

Payroll Deduction

B. Antoine Fomufod MD
Full Name (Last, First, Middle Initial)

Mailing Address 5722 Avery Park Dr

City Rockville State MD Zip Code 20855

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

Name of Employer: Pediatrix of Maryland, P.A. Occupation: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : AB6BD5F76A68245B394E

Amount of Each Receipt this Period: **2000.00**

Payroll Deduction

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 ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A442E597C73A44DAAA07

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2062.00
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 44 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1729 Oak Ridge Road

City Oakridge 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 ▼ **50.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A38C0D347838140ECB2C

Amount of Each Receipt this Period **50.00**

Payroll Deduction

B. 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 Corp Med Director ANES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **30.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AEAB5EF0728E9415B80C

Amount of Each Receipt this Period **30.00**

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : A6CA710009A694734AA2

Amount of Each Receipt this Period **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	180.00
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 45 OF 136
(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

Full Name (Last, First, Middle Initial)
A. Simon Frisch
 Mailing Address 3816 W Hibiscus Street
 City State Zip Code
 Weston FL 33332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : AF4EA1AFAD02448BBAE7
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Josephine Gambardella MD
 Mailing Address 1014 Priory Place
 City State Zip Code
 McLean VA 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of Virginia, P Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : AA049A497F6284DFB9D1
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Dany Garcia
 Mailing Address 13155 SW 134 St #218
 City State Zip Code
 Miami FL 33186
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax, Inc Board Of Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 21 / 2012
Transaction ID : A0466E005994F49EE8AD
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 5200.00
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 136
<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. Lisa Goldberg DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Dartmouth Rd
 City Alexandria State VA Zip Code 22314
 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 **2000.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A26AD03CC4B9E4B788FF
 Amount of Each Receipt this Period: **2000.00**
 Payroll Deduction

B. John S Golden DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1117 Sea Cliff Dr Nw
 City Gig Harbor State WA Zip Code 98332
 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 **40.00**

Date of Receipt: **02 / 21 / 2012**
Transaction ID : A3590787F98E74047BB8
 Amount of Each Receipt this Period: **40.00**

C. Steven Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Underhill Road
 City Mill Valley State CA Zip Code 94941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of California, Occupation: Corp Med Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: **02 / 13 / 2012**
Transaction ID : A8DFC630ED154481F9A2
 Amount of Each Receipt this Period: **500.00**

SUBTOTAL of Receipts This Page (optional).....	2540.00
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 136
<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. Mario I Gonzalez		Date of Receipt
Mailing Address 45 Turtle Creek Ln		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Panarra	State FL	Zip Code 32346
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A8FD4C02DF97146BE840
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Director, Managed Care		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="150.00"/>	

Full Name (Last, First, Middle Initial) B. Mario I Gonzalez		Date of Receipt
Mailing Address 45 Turtle Creek Ln		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Panarra	State FL	Zip Code 32346
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AB4530E5E6E714FB1A4F
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Director, Managed Care		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Granberry		Date of Receipt
Mailing Address 7700 NW 120th Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A23903ECDD458480DA12
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="60.00"/>
Occupation VP Med Coding Ops and IM		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="180.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="160.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Mailing Address 7700 NW 120th Drive

City Parkland State FL Zip Code 33076

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

Name of Employer Mednax Services, Inc. Occupation VP Med Coding Ops and IM

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AA75DC3801BB74734801

Amount of Each Receipt this Period **60.00**

Payroll Deduction

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

Mailing Address 19441 Romar Street

City Northridge State CA Zip Code 91324

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Adv Practioner Reg Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **70.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : AF41DB3043BE14A4D986

Amount of Each Receipt this Period **10.00**

Payroll Deduction

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

Mailing Address 19441 Romar Street

City Northridge State CA Zip Code 91324

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Adv Practioner Reg Mgr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **80.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A46E7671C7501465C829

Amount of Each Receipt this Period **10.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **80.00**

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 49 OF 136
(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. Kimberly Greenwald MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2109 Blue Oak Terrace
 City Raleigh State NC Zip Code 27608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 29 / 2012
Transaction ID : AE30B407B9D1B42D7A66
 Amount of Each Receipt this Period 5000.00
 Payroll Deduction

B. Samuel W Grossmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Forrest Prk Cir
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 317.46

Date of Receipt 02 / 15 / 2012
Transaction ID : AE222E97706EE458F83C
 Amount of Each Receipt this Period 105.82
 Payroll Deduction

C. Samuel W Grossmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Forrest Prk Cir
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 423.28

Date of Receipt 02 / 29 / 2012
Transaction ID : A5E4E1986627540AC90B
 Amount of Each Receipt this Period 105.82
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5211.64
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 136
	<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. Timothy Gundlach MD		Date of Receipt
Mailing Address 9008 Unbridal Lane		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Waxhaw	NC	28173
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADC0992AB43E64274A49
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist Assoc	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles M Hahn MD		Date of Receipt
Mailing Address 6317 Shinn Creek Lane		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD69AF802178E42C4888
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="75.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Charles M Hahn MD		Date of Receipt
Mailing Address 6317 Shinn Creek Lane		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7D6C3EAF1D34F53805
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 51 OF 136
<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. Gregory G Hall MD
Full Name (Last, First, Middle Initial)

Mailing Address 5112 Partha 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 ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : AAD979B1416384110B99

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. Gregory G Hall MD
Full Name (Last, First, Middle Initial)

Mailing Address 5112 Partha 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 ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A1676156A5FD84ED4A2B

Amount of Each Receipt this Period
10.00

Payroll Deduction

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

Mailing Address 520 Water Pt

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

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

Name of Employer Mednax Services, Inc.	Occupation DirectorData Warehousing
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A139D78B1F2FD4BA0A1D

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	30.00
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 136
<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 Handler		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AA159A73AC1D54B2DA12
Mailing Address 520 Water Pt		Amount of Each Receipt this Period 40.00
City Weston	State FL	Zip Code 33326
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation DirectorData Warehousing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

Full Name (Last, First, Middle Initial) B. Peter Haney MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AC0FA6E63769A432AA0F
Mailing Address 200 Chimney Rock		Amount of Each Receipt this Period 83.33
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C		Payroll Deduction
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 ▼ 166.66	

Full Name (Last, First, Middle Initial) C. Joseph Harlan JRMD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A6243D5EF1F61405CB69
Mailing Address 2700 Kathwood Court		Amount of Each Receipt this Period 400.00
City Florence	State SC	Zip Code 29501-1975
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of South Carol	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	493.33
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 53 OF 136
	<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 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 ▼ **100.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A9F016E4DED6D4474953

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer American Anesthesiology, Inc. Occupation SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **656.25**

Date of Receipt **02 / 15 / 2012**

Transaction ID : A3DBDF831F3E44691BE3

Amount of Each Receipt this Period **218.75**

Payroll Deduction

C. 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 SVP Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A99AEF7741A9241258ED

Amount of Each Receipt this Period **218.75**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **487.50**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 136
<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. 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 ▼ **875.01**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A6FE5FBC5F8E246649C5

Amount of Each Receipt this Period

291.67

Payroll Deduction

B. Cody Henderson MD
Full Name (Last, First, Middle Initial)
Mailing Address 8 Ranch Terrace

City Fair Oaks	State TX	Zip Code 78015
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1166.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A6DDF1E9941CA4A9BA50

Amount of Each Receipt this Period

291.67

Payroll Deduction

C. Roger Hinson MD
Full Name (Last, First, Middle Initial)
Mailing Address 7440 Mercer Terrace Dr

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AE8411666CDB64989906

Amount of Each Receipt this Period

4400.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	4983.34
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 55 OF 136
<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. Adam S Hodierne MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AAB3E54F9F1F24D7AA09
Mailing Address 201 W Bessemer Avenue		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. David Hoskinson		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A8AAF28FC87374319958
Mailing Address 1901 N Ocean Blvd Apt 8E		Amount of Each Receipt this Period 40.00
City Ft Lauderdale	State FL	Zip Code 33305-3746
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Managed Care
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 80.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Jean M Houy		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : AE9E28DC5E95A4056BE4
Mailing Address 7552 N Shores Dr		Amount of Each Receipt this Period 15.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 45.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	105.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 56 OF 136
<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. 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 ▼ **60.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : **A2DEA01D9DD084EB0842**

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

Payroll Deduction

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

Mailing Address 1019 Windlea Run

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 ▼ **75.00**

Date of Receipt: **02 / 15 / 2012**
Transaction ID : **A9DCE9EDD972443F4AEA**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

Mailing Address 1019 Windlea Run

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 ▼ **100.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : **ABC4B4151689849AE839**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **65.00**

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 136
	<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. 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 ▼
 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A7FC241AEA4884E31A1D
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

B. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A7C1A4F4107134CDAAEF
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

C. John Isaac MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8368 Settlers Peak
 City State Zip Code
 Boerne TX 78015-4948
 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 ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A545F9D70C4B54FBC9E6
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 58 OF 136
(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

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

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 ▼
 200.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : A802BD7B93ED3430D8FD

Amount of Each Receipt this Period
 100.00

Payroll Deduction

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

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 ▼
 75.00

Date of Receipt
 02 / 15 / 2012
Transaction ID : A36521D3E28284F858C9

Amount of Each Receipt this Period
 25.00

Payroll Deduction

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

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 ▼
 100.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : AB3F61BC1255F4F02BCA

Amount of Each Receipt this Period
 25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 136
<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. Shannon L Jenkins DO		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A8CADFFFA39D40A3A1E
Mailing Address 5365 S. Tappan Falls Dr		Amount of Each Receipt this Period 50.00
City Idaho Falls	State ID	Zip Code 83406
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mountain States Neonatology	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 150.00	

Full Name (Last, First, Middle Initial) B. Shannon L Jenkins DO		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A683441780E744B9BBFF
Mailing Address 5365 S. Tappan Falls Dr		Amount of Each Receipt this Period 50.00
City Idaho Falls	State ID	Zip Code 83406
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mountain States Neonatology	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. David C Joslin MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : ADEE504FE92BE427D86B
Mailing Address 328 E Greenway Drive N		Amount of Each Receipt this Period 50.00
City Greensboro	State NC	Zip Code 27403
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

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 61 OF 136
<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. Manuel Kadre		Date of Receipt
Mailing Address 5345 Hammock Dr		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Coral Gables	FL	33150
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEDE02C7A1934448DACC
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax, Inc.	Director, Mednax, Inc. Board O	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) B. David M Kanter MD		Date of Receipt
Mailing Address 1 Huntly Dr		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code
Palm Beach	FL	33418
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD80131E5BD2D433590F
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	VP Medical Coding	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Debra F Kaspar		Date of Receipt
Mailing Address 11224 Handlebar Rd		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Reston	VA	20191
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2840C181CFBF456788A
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="126.96"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="380.88"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="10126.96"/>
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 62 OF 136
<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 MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AA76D6BBAAEAE245AEB7!
Mailing Address 11224 Handlebar Rd		Amount of Each Receipt this Period 126.96
City Reston	State VA	Zip Code 20191
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 507.84	

Full Name (Last, First, Middle Initial) B. Alexander Kenton MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A2A17292865C44D8CAB0
Mailing Address 55 West Elm Circle		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Alexander Kenton MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A7A6ADEC9A1A341EA8EF
Mailing Address 55 West Elm Circle		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C		Payroll Deduction
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 ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	526.96
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 136
	<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. Abbas R Kingo MD
Full Name (Last, First, Middle Initial)

Mailing Address 7331 Elderly Avenue

City	State	Zip Code
Las Vegas	NV	89131

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

Transaction ID : ABC46F2A145D94B26987

Amount of Each Receipt this Period

300.00

B. Wayne B Kramer MD
Full Name (Last, First, Middle Initial)

Mailing Address 6012 Poindexter Lane

City	State	Zip Code
Rockville	MD	20852

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

Name of Employer	Occupation
Pediatrix Medical Group of the Mid-Atl	Medical Director PERI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **40.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : ACD29192BB7A54692AF4

Amount of Each Receipt this Period

20.00

Payroll Deduction

C. Elizabeth Krueger MD
Full Name (Last, First, Middle Initial)

Mailing Address 2420 Valley Brook Road

City	State	Zip Code
Nashville	TN	37215

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

Name of Employer	Occupation
Pediatrix Medical Group of Tennessee,	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A80252E25764441BC88C

Amount of Each Receipt this Period

100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 136
	<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 ▼ 624.99

Date of Receipt: 02 / 15 / 2012
Transaction ID : **A39627650131249A6910**
Amount of Each Receipt this Period: 208.33
Payroll Deduction

B. Tony M Lacaze
Full Name (Last, First, Middle Initial)
Mailing Address 4342 Indian Creek Ln
City Frisco State TX Zip Code 75034
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group, Inc. Occupation: RVP
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 833.32

Date of Receipt: 02 / 29 / 2012
Transaction ID : **A5D93C6ABF13E47F6AC3**
Amount of Each Receipt this Period: 208.33
Payroll Deduction

c. Mary Laird MD
Full Name (Last, First, Middle Initial)
Mailing Address 4311 Valli Vista
City Colorado Springs State CO Zip Code 80915
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 ▼ 5000.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : **A91F193115E784239A31**
Amount of Each Receipt this Period: 5000.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5416.66
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 65 OF 136
<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. David T Lam MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A9E902B48B2E0492C9FB
Mailing Address 6 Jordans Wood Circle		Amount of Each Receipt this Period 45.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 135.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. David T Lam MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AE74C1D12B1404E3DDB9
Mailing Address 6 Jordans Wood Circle		Amount of Each Receipt this Period 45.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Stewart Lawrence MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A3AB21322B3914509A43
Mailing Address 2555 E Plateau Drive		Amount of Each Receipt this Period 62.50
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 187.50	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	152.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A6E8CE654B01A4F3DAF1

Amount of Each Receipt this Period
62.50

Payroll Deduction

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

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Adv Practionr Reg Mgr COS
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A98147F679E394745BDA

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : ABF8B4722CE3F4658897

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	122.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 136
	<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. Sherman C Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address 8904 Riverview Park 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 Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A3DE05254277A4BC996A

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

Name of Employer Mednax Services, Inc. Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : AA727F9A5B95940D6B56

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

Name of Employer Mednax Services, Inc. Occupation Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A9D0D0704812543E99B0

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 136
	<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. 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 ▼ **800.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A59906E9A833744F9882

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

Payroll Deduction

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

Mailing Address 9009 Ligon Court

City Fort Myers State FL Zip Code 33908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A4ED48F04E1C0472AA30

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

C. Lisa A LowerySmith MD
Full Name (Last, First, Middle Initial)

Mailing Address 7821 Night Hawk Road

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: **Corp Med Director NICU**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1333.34**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : A48AFD283000D47C4904

Amount of Each Receipt this Period: **666.67**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1091.67**

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 69 OF 136
	<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. 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 ▼ **75.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : AA2FDA557F2C04A53BCA

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

City Wilmington State NC Zip Code 28409

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A757A1AF69F7D455082A

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 12701 Megill's Landing Lane

City Clifton State VA Zip Code 20124

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

Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A94F1606B1505486E9C9

Amount of Each Receipt this Period **50.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **100.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 136
	<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. Mary Frances Lynch MD
Full Name (Last, First, Middle Initial)

Mailing Address 4109 Galt Ave

City Ft Worth State TX Zip Code 76109

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 ▼ 2000.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : A1BF9995675F34D8894A

Amount of Each Receipt this Period: 2000.00

Payroll Deduction

B. 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 ▼ 200.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : AB9DC003A2EE34DFBDD

Amount of Each Receipt this Period: 100.00

Payroll Deduction

C. Mary Macentee MD
Full Name (Last, First, Middle Initial)

Mailing Address 9309 E Evans Place

City Denver State CO Zip Code 80231

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

Name of Employer: Pediatrix Medical Group of Colorado, P Occupation: Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : A633BE0769501452393F

Amount of Each Receipt this Period: 1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 3100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 136
	<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. 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 ▼ **362.76**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : AF6BBD3704D74454C814

Amount of Each Receipt this Period

120.92

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **483.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AE9FC607162224CE2ACD

Amount of Each Receipt this Period

120.92

Payroll Deduction

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 ▼ **161.77**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A3EE6A9B5012B43CB80A

Amount of Each Receipt this Period

161.77

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	403.61
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 136
	<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. Jay Martin

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 ▼ **323.54**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AFF3D90A9C54B482EA1D

Amount of Each Receipt this Period **161.77**

Payroll Deduction

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

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 SVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : ABFDC549CB3B54D53823

Amount of Each Receipt this Period **100.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Stefan R Maxwell MD

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 ▼ **833.34**

Date of Receipt **02 / 29 / 2012**

Transaction ID : A355560CA096349A8ADF

Amount of Each Receipt this Period **416.67**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	678.44
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 73 OF 136
<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 A McConnell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1030 Timbercreek Trail

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
American Anesthesiology Of Nc Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50.00

Date of Receipt
02 / 29 / 2012
Transaction ID : A53588A625D1C4ABFBDE

Amount of Each Receipt this Period
25.00

Payroll Deduction

B. Jorge McCormack MD
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brightwaters Circle NE

City State Zip Code
St Petersburg FL 33704

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

Name of Employer Occupation
Pediatrix Medical Group of Florida, In Pediatric Cardiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
02 / 29 / 2012
Transaction ID : A9338709318F74153AE8

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 4904 Pine St

City State Zip Code
Wilmington NC 28403

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

Name of Employer Occupation
American Anesthesiology Of Nc Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
75.00

Date of Receipt
02 / 15 / 2012
Transaction ID : AB0FB043207ED4FE7A23

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 74 OF 136
<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. William McCrea MD
Full Name (Last, First, Middle Initial)

Mailing Address 4904 Pine St

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

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

Name of Employer American Anesthesiology Of Nc	Occupation Anesthesiologist
---	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A95F4FE7A8D0B49A38B5

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. John G McKay MD
Full Name (Last, First, Middle Initial)

Mailing Address 28 Highfield Court

City Greer	State SC	Zip Code 29650
---------------	-------------	-------------------

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 ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A2490CBD14F0645C0B45

Amount of Each Receipt this Period

2500.00

Payroll Deduction

C. 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 Mednax Services, Inc.	Occupation VP Practice Integration
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **120.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A465F34B279EA4BDD86E

Amount of Each Receipt this Period

40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2565.00
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 136
<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. Deborah MedelGuerrero		Date of Receipt
Mailing Address 12922 Grand Oaks Drive		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Davie	State FL	Zip Code 33330
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A87F904DC6D8F4580A9A
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="40.00"/>
Occupation VP Practice Integration		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="160.00"/>	

Full Name (Last, First, Middle Initial) B. Michael J Medwin		Date of Receipt
Mailing Address 1415 SW 109th Way 306		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Davie	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2A501BD6E1BF46ABB06
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation Project Lead I		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="60.00"/>	

Full Name (Last, First, Middle Initial) C. Michael J Medwin		Date of Receipt
Mailing Address 1415 SW 109th Way 306		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Davie	State FL	Zip Code 33324
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AE4BF799D109A44C0AC8
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Occupation Project Lead I		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="80.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Bahman Mehdizadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25470 Prado De Las Bellotas
 City Calabasas State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of California, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : A6E6E647897454B3AB51
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

B. Stacey L Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Timberlane Dr
 City McKinney State TX Zip Code 75070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Regional Director-patient Acco
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 75.00

Date of Receipt
 02 / 15 / 2012
Transaction ID : A762C286898964A5FA9A
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

C. Stacey L Meredith
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Timberlane Dr
 City McKinney State TX Zip Code 75070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Regional Director-patient Acco
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : AE5BB9C056B0D4627A21
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 136
<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. Donna M Messenger		Date of Receipt
Mailing Address 1720 Double Arch Ct		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A859968AD4B7D404D848
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="30.00"/>	

Full Name (Last, First, Middle Initial) B. Donna M Messenger		Date of Receipt
Mailing Address 1720 Double Arch Ct		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89128
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD7052F333D0B4EB0B0E
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="40.00"/>	

Full Name (Last, First, Middle Initial) C. Simon Michael MD		Date of Receipt
Mailing Address 2132 Wimberly Lane		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Austin	TX	78735
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD1F3CD80F5114FB7B49
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="2000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2020.00"/>
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 78 OF 136
<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. Hugh Miller MD
Full Name (Last, First, Middle Initial)
Mailing Address 6910 N Chaparral Place

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A61F99FAE759F448DAAE

Amount of Each Receipt this Period

150.00

Payroll Deduction

B. Margaret L Miller
Full Name (Last, First, Middle Initial)
Mailing Address 721 Edgefield Rd

City Fort Worth	State TX	Zip Code 76107
--------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation NNP
--	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A60E16CC33B0F434AA0D

Amount of Each Receipt this Period

300.00

Payroll Deduction

C. Khawar Mohsini MD
Full Name (Last, First, Middle Initial)
Mailing Address 9 Hunters Ridge Dr

City Saginaw	State MI	Zip Code 48609
-----------------	-------------	-------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AF8CCA8F321994DCCB26

Amount of Each Receipt this Period

200.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Melissa 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 ▼ **285.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : A5246B5E5BF4E4D088AB

Amount of Each Receipt this Period: **95.00**

Payroll Deduction

B. 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 ▼ **380.00**

Date of Receipt: **02 / 29 / 2012**

Transaction ID : A0E7D35CF96C846FFBF1

Amount of Each Receipt this Period: **95.00**

Payroll Deduction

c. 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 ▼ **63.00**

Date of Receipt: **02 / 15 / 2012**

Transaction ID : AC6E1CF1E9EBF4CBE899

Amount of Each Receipt this Period: **21.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **211.00**

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 136
<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. Christopher P Murray MD		Date of Receipt
Mailing Address 11566 Snow Creek Ave		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Las Vegas	NV	89135
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AB9E33D986974477CAF4
Pokroy Medical Group of Nevada, Ltd.	Pediatric Hospitalist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="84.00"/>	<input type="text" value="21.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Ronald A Naglie MD		Date of Receipt
Mailing Address 25135 Stageline Dr		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Laguna Hills	CA	92653
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AE2AAD2D2C9AB446DA8E
Pediatrix Medical Group of California,	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="150.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Mahesh G Naik MD		Date of Receipt
Mailing Address 1889 Honey Spring Pl		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Lexington	KY	40502
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A068466370B09469F87C
Pediatrix Medical Group of Kentucky, P	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5171.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 136
	<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 **832.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A211E1B3EBFDB4D4AA09
Amount of Each Receipt this Period: 416.00
Payroll Deduction

B. Lynne Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 1105 W 88th ST
City Kansas City State MO Zip Code 64114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Obstetrix Medical Group of Kansas and Occupation: Practice Mgr
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **30.00**

Date of Receipt: 02 / 15 / 2012
Transaction ID : AEAC9C65BB3F64FCCA9B
Amount of Each Receipt this Period: 10.00
Payroll Deduction

C. Lynne Nelson
Full Name (Last, First, Middle Initial)
Mailing Address 1105 W 88th ST
City Kansas City State MO Zip Code 64114
FEC ID number of contributing federal political committee. **C**
Name of Employer: Obstetrix Medical Group of Kansas and Occupation: Practice Mgr
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **40.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A57E14E818C1F466C95F
Amount of Each Receipt this Period: 10.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **436.00**
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 136
<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. 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 ▼ **37.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A5CDE32250ACC42D5B1D

Amount of Each Receipt this Period

12.50

Payroll Deduction

B. Jean M Nelson MD
Full Name (Last, First, Middle Initial)

Mailing Address 5212 Masonboro Harbour Dr

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AFF653B5FE2AA4D96AA5

Amount of Each Receipt this Period

12.50

Payroll Deduction

C. Thomas P O'Brien MD
Full Name (Last, First, Middle Initial)

Mailing Address 103 Ridgewood Rd

City Baltimore	State MD	Zip Code 21210
-------------------	-------------	-------------------

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

Name of Employer Pediatrix of Maryland, P.A.	Occupation Medical Director NICU
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A94681032242E48B2987

Amount of Each Receipt this Period

5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5025.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 136
	<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. 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 Mednax Services, Inc. Occupation Director of Coding

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **150.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A5113D9628A98463BBEA

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 760 Azalea Ct

City Plantation State FL Zip Code 33317

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

Name of Employer Mednax Services, Inc. Occupation Director of Coding

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : A62898DFF2D8D449C8C4

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. 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 ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : AC855A9B4011C40C096A

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 136
	<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. 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 ▼ 500.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : A18CA780AB3A441C4A2F
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

B. Alan B Oliver
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Orion Circle
 City Jupiter State FL Zip Code 33477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : A5F0FCF11601946B5B81
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

C. Clayton J Olney DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4951 Cape Coral Drive
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : AD4E74A8FB37B4904966
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 85 OF 136
<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. 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 ▼ **180.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : A32011F3F173E43CCB2A

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : AD96C37A32A484FB083C

Amount of Each Receipt this Period
60.00

Payroll Deduction

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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : AB5C2BC071251461199A

Amount of Each Receipt this Period
150.00

Payroll Deduction

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 86 OF 136
	<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. Marta Papp MD
Full Name (Last, First, Middle Initial)

Mailing Address 1421 Beddington Park

City Nashville State TN Zip Code 37215

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

Name of Employer: Pediatrix Medical Group of Tennessee, Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : AC94F52434CA841BDBED

Amount of Each Receipt this Period: 1000.00

Payroll Deduction

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 ▼ 200.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : ACACFA00133FF468E9C0

Amount of Each Receipt this Period: 100.00

Payroll Deduction

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

Mailing Address 7333 Rietz Canyon Way

City Las Vegas State NV Zip Code 89131

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 45.00

Date of Receipt: 02 / 15 / 2012
Transaction ID : ACCC6BDC543774FB5AC5

Amount of Each Receipt this Period: 15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1115.00

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 87 OF 136
	<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. 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 **60.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : AE20DF64B072F4F1AA2F
 Amount of Each Receipt this Period **15.00**
 Payroll Deduction

B. Jason E Pate
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Ryan Ct
 City McKinney State TX Zip Code 75070
 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 **75.00**

Date of Receipt **02 / 15 / 2012**
Transaction ID : A775B98076F2241D2B7F
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction

C. Jason E Pate
 Full Name (Last, First, Middle Initial)
 Mailing Address 7420 Ryan Ct
 City McKinney State TX Zip Code 75070
 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 **100.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : A4EEFB682932C451FBC7
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **65.00**
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 88 OF 136
	<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. Todd Patterson DO
Full Name (Last, First, Middle Initial)
Mailing Address 2700 Cline Street

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : ADA7BA3552D9D4035876

Amount of Each Receipt this Period
200.00

Payroll Deduction

B. Hanoch Patt MD
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Scenic Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **562.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A9C996167E5044705A73

Amount of Each Receipt this Period
281.25

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : AB3C2A715AFF4DAB882

Amount of Each Receipt this Period
208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	689.58
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 89 OF 136
	<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. Darren Patz
Full Name (Last, First, Middle Initial)

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt **02 / 29 / 2012**

Transaction ID : ABB1D7FC109A84A1DB9C

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 7740 NW 71st Way

City Parkland State FL Zip Code 33067

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

Name of Employer Mednax Services, Inc. Occupation Sr. Fin. Analyst, Business Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **75.00**

Date of Receipt **02 / 15 / 2012**

Transaction ID : AA9A3254797FA44B684E

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 7740 NW 71st Way

City Parkland State FL Zip Code 33067

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

Name of Employer Mednax Services, Inc. Occupation Sr. Fin. Analyst, Business Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **02 / 29 / 2012**

Transaction ID : AEE50A6F12F1B452591F

Amount of Each Receipt this Period **25.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **258.33**

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 90 OF 136
<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. John Pepia		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : AEECF8C8A844E466F995
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 ▼ 800.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Manuel Peregrino MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A1EC05DEBAFB44DA7965
Mailing Address 4711 Appletree Dr		Amount of Each Receipt this Period 100.00
City Roanoke	State VA	Zip Code 24012
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Cobern V Peterson MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A349A45C1C9494406917
Mailing Address 3205 Grey Leaf Dr		Amount of Each Receipt this Period 10.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	510.00
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 91 OF 136
	<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. Cobern V Peterson MD

Mailing Address 3205 Grey Leaf Dr

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 ▼
40.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A9D5FCB22810D4CC8A86

Amount of Each Receipt this Period
10.00

Payroll Deduction

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

Mailing Address 12149 Huske Road

City State Zip Code
Stony Creek VA 23882

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.99

Date of Receipt
MM / DD / YYYY
02 / 15 / 2012
Transaction ID : A5C8EDBF93B7149B68DD

Amount of Each Receipt this Period
83.33

Payroll Deduction

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

Mailing Address 12149 Huske Road

City State Zip Code
Stony Creek VA 23882

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
333.32

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A8D3322E75CCF4F6480C

Amount of Each Receipt this Period
83.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 176.66

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 92 OF 136
<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 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 ▼
150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : A77B31F17A2694330A1E

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. 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 ▼
200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A208BD1700B3F4F499F8

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 1231 Vista Del Rio

City San Antonio	State TX	Zip Code 78216
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : A6FC97A6498BC44B9B25

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 136
	<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. George Powers MD

Mailing Address 1231 Vista Del Rio

City San Antonio State TX Zip Code 78216

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 ▼
800.00

Date of Receipt
02 / 29 / 2012
Transaction ID : A580B820305984A42A3E

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 110 Gemini Ct

City Los Gatos State CA Zip Code 95032

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt
02 / 29 / 2012
Transaction ID : A541135186BDC433EA6B

Amount of Each Receipt this Period
3100.00

Payroll Deduction

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

Mailing Address 3144 Legends Circle

City Lakeland State FL Zip Code 33803

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
02 / 29 / 2012
Transaction ID : A3475A1B483DA4FE2B3D

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 3350.00

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 94 OF 136
<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 L Prueitt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8500 54th Ave NE
 City Seattle State WA Zip Code 98115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 02 / 29 / 2012
Transaction ID : A7F2C81309C574688ACC
 Amount of Each Receipt this Period
 416.66
 Payroll Deduction

B. 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 Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 75.00

Date of Receipt
 02 / 15 / 2012
Transaction ID : A80FDAB37C00F496BA5E
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

C. 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 Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : A12FEE73A7EFA4BEE89F
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	466.66
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 95 OF 136
	<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. 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 ▼ 150.00

Date of Receipt 02 / 15 / 2012
Transaction ID : A53C7D3716A324386A95
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Patricia Ramsay MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2581 Luberon Drive
 City Henderson State NV Zip Code 89044
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 29 / 2012
Transaction ID : A652EAB503B244F86889
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

C. Brian Renaud
 Full Name (Last, First, Middle Initial)
 Mailing Address 11822 NW 11th Place
 City Coral Springs State FL Zip Code 33071
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 62.49

Date of Receipt 02 / 15 / 2012
Transaction ID : AB94CEF861ED14478BC4
 Amount of Each Receipt this Period 20.83
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 120.83
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 96 OF 136
(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

Full Name (Last, First, Middle Initial)
A. Brian Renaud

Mailing Address 11822 NW 11th Place

City State Zip Code
 Coral Springs FL 33071

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

Name of Employer Occupation
 Mednax Services, Inc. Dir Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 83.32

Date of Receipt
 02 / 29 / 2012
Transaction ID : A9A5CA89D5C42405083E

Amount of Each Receipt this Period
 20.83

Payroll Deduction

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

Mailing Address 6 Meadowlark Ridge Rd

City State Zip Code
 Great Falls MT 59405

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

Name of Employer Occupation
 Alaska Neonatology Associates, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 150.00

Date of Receipt
 02 / 15 / 2012
Transaction ID : AACB2DDBD7F4443F2A3D

Amount of Each Receipt this Period
 50.00

Payroll Deduction

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

Mailing Address 6 Meadowlark Ridge Rd

City State Zip Code
 Great Falls MT 59405

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

Name of Employer Occupation
 Alaska Neonatology Associates, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 200.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : A62F84B49F20F44A0A23

Amount of Each Receipt this Period
 50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.83

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 97 OF 136
	<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. Robert P Rieker MD		Date of Receipt
Mailing Address 805 Glen Eden Dr		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Raleigh	NC	27612
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A53775FD20366456FAC4
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology Of Nc	Anesthesiologist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Lisa Robbins		Date of Receipt
Mailing Address 11421 NW 46th Place		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sunrise	FL	33323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A770C72EA87B94D4E818
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Dir Risk Management	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="30.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Lisa Robbins		Date of Receipt
Mailing Address 11421 NW 46th Place		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code
Sunrise	FL	33323
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AEA19ED5A0D3645B8B2B
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Dir Risk Management	<input type="text" value="10.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="40.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 98 OF 136
<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. Janice Romito
Full Name (Last, First, Middle Initial)

Mailing Address 5106 Sycamore Villas

City Kingwood State TX Zip Code 77345

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 23 / 2012
Transaction ID : A3425CBE456E84DF2ABE

Amount of Each Receipt this Period: 300.00

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

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076

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

Name of Employer: Mednax Services, Inc. Occupation: Director Train & Develop

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 90.00

Date of Receipt: 02 / 15 / 2012
Transaction ID : A6382F854E2C444F3919

Amount of Each Receipt this Period: 30.00

Payroll Deduction

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: Director Train & Develop

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 120.00

Date of Receipt: 02 / 29 / 2012
Transaction ID : AC85FA6E997C84BBB9B9

Amount of Each Receipt this Period: 30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 360.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 136
<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. Gerald A Ross MD
Full Name (Last, First, Middle Initial)
Mailing Address 205 Mill Valley Run

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer Pediatrix Emergent and Critical Care S	Occupation Pediatric Intensivist
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A30297E862FAB4CC684E

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. Gerald A Ross MD
Full Name (Last, First, Middle Initial)
Mailing Address 205 Mill Valley Run

City Lafayette	State LA	Zip Code 70508
-------------------	-------------	-------------------

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

Name of Employer Pediatrix Emergent and Critical Care S	Occupation Pediatric Intensivist
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A3233348846EF4714A81

Amount of Each Receipt this Period
10.00

Payroll Deduction

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A58C8614A46974940A4C

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 100 OF 136
<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. Linda Sacks MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A78C7F8C529ED4CC5BC1
Mailing Address 406 Wheeler Street		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Magella Medical Associates of Georgia,	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Idelsi Sanchez		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A2F6E57B3FFA64407A98
Mailing Address 3941 SW 186th Way		Amount of Each Receipt this Period 84.53
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 253.59	

Full Name (Last, First, Middle Initial) C. Idelsi Sanchez		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A0D26CA943D2F49479DB
Mailing Address 3941 SW 186th Way		Amount of Each Receipt this Period 84.53
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 338.12	

SUBTOTAL of Receipts This Page (optional).....▶	269.06
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 136
<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. Rhonda B Sanders		Date of Receipt
Mailing Address 161 Falling Creek Court		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Clayton State NC Zip Code 27520		Transaction ID : A224A99A03CBA440F813
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Critical Health Systems, Inc.	Occupation Reg Mgr Patient Accts	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) B. Rhonda B Sanders		Date of Receipt
Mailing Address 161 Falling Creek Court		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Clayton State NC Zip Code 27520		Transaction ID : AD2037F91CA3D4390A31
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Critical Health Systems, Inc.	Occupation Reg Mgr Patient Accts	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) C. Tami Sands		Date of Receipt
Mailing Address 1650 S Banana River Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Merritt Island State FL Zip Code 32952		Transaction ID : AC85283F925024B1EA7A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.80"/>
Name of Employer Pediatrix Medical Group of Florida, In	Occupation NNP	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="62.40"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="70.80"/>
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 102 OF 136
	<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. 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 Occupation
Pediatrix Medical Group of Florida, In NNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **83.20**

Date of Receipt
02 / 29 / 2012
Transaction ID : **A10410CF90F4E456F853**

Amount of Each Receipt this Period
20.80

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. VP NNP Program

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **187.50**

Date of Receipt
02 / 15 / 2012
Transaction ID : **AA327C974631A40E6924**

Amount of Each Receipt this Period
62.50

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. VP NNP Program

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
02 / 29 / 2012
Transaction ID : **A45CA11838FE34EA297C**

Amount of Each Receipt this Period
62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **145.80**

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 103 OF 136
<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. Carla Saunders
Full Name (Last, First, Middle Initial)
Mailing Address 12932 Pine Meadows Lane

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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 ▼ **30.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A1F7AF42A48A549A989E

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
10.00											

Payroll Deduction

B. Carla Saunders
Full Name (Last, First, Middle Initial)
Mailing Address 12932 Pine Meadows Lane

City Knoxville	State TN	Zip Code 37934
-------------------	-------------	-------------------

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 ▼ **40.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A096A60704DCD4FEEDB5

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
10.00											

Payroll Deduction

C. Jonathan Schwartz MD
Full Name (Last, First, Middle Initial)
Mailing Address 3740 Saltmeadow Court South

City Jacksonville	State FL	Zip Code 32224
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **120.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A997C62E9550C4D33BEF

Amount of Each Receipt this Period

8	7	6	5	4	3	2	1	0	.	0	0
60.00											

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	80.00
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 104 OF 136
	<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. Clair A Schwendeman MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A9602C7522BDB403D899
Mailing Address 17616 Ivy Hill Drive		Amount of Each Receipt this Period 100.00
City Dallas	State TX	Zip Code 75287
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Clair A Schwendeman MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A801F1506573D4611923
Mailing Address 17616 Ivy Hill Drive		Amount of Each Receipt this Period 100.00
City Dallas	State TX	Zip Code 75287
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Jenifer L Seiff		Date of Receipt MM / DD / YYYY 02 / 15 / 2012 Transaction ID : A47BF5C2B1A4F46D29B2
Mailing Address 16320 South Post Rd Apt 104		Amount of Each Receipt this Period 10.00
City Weston	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Sr Mgr Practice Integratn
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30.00	
Payroll Deduction		

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 105 OF 136
<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. Jenifer L Seiff
Full Name (Last, First, Middle Initial)

Mailing Address 16320 South Post Rd
Apt 104

City Weston State FL Zip Code 33331

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

Name of Employer Mednax Services, Inc. Occupation Sr Mgr Practice Integratn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
02 / 29 / 2012
Transaction ID : AD5B116D358CB4882B3C

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. Robert M Shakar MD
Full Name (Last, First, Middle Initial)

Mailing Address 933 Rabbit Run 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 Medical Director Anesth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt
02 / 15 / 2012
Transaction ID : AFD395812E1B541CB9AB

Amount of Each Receipt this Period
10.00

Payroll Deduction

C. Robert M Shakar MD
Full Name (Last, First, Middle Initial)

Mailing Address 933 Rabbit Run 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 Medical Director Anesth

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
02 / 29 / 2012
Transaction ID : AD516FACF843447FB931

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 106 OF 136
<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 Occupation
 Pediatrix Medical Group of Georgia, P. Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 90.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : AC7F03CE9620F4B1BB17
 Amount of Each Receipt this Period
 45.00
 Payroll Deduction

B. James Sherman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1130 Welch Road SW
 City Roanoke State VA Zip Code 24015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, P.C. Pediatric Hospitalist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : AD3A24787EDCA49548E7
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

C. Richard A Sidebottom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Byron Nelson Pkwy
 City Southlake State TX Zip Code 76092
 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 ▼
 200.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : AE96BBF782C0F4397920
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	645.00
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 107 OF 136
	<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. Elaine Sillos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Bighorn Ridge Drive NE
 City Albuquerque State NM Zip Code 87122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of New Mexico, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 23 / 2012
Transaction ID : A26A05E9037C240638A2
 Amount of Each Receipt this Period
 1000.00

B. Richard Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 34th St
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director Of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2012
Transaction ID : AD86C059036E644408C6
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

C. Richard Simon
 Full Name (Last, First, Middle Initial)
 Mailing Address 2111 34th St
 City West Palm Beach State FL Zip Code 33407
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director Of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A1DED0829DD0546B4823
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 108 OF 136
	<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. James D Singer MD		Date of Receipt
Mailing Address 17 Captain's Point		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A2EE46FED79534BFFB41
Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) B. M A Siriwardena MD		Date of Receipt
Mailing Address 102 Stonebridge Court		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City New Hartford	State NY	Zip Code 13413
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : AA5A60613BA934AA49DD
Name of Employer Pediatrix Medical Group Neonatology an Occupation Medical Director NICU		Amount of Each Receipt this Period <input type="text" value="107.14"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="214.28"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Kim G Smith MD		Date of Receipt
Mailing Address 3050 FM 1799		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Mineola	State TX	Zip Code 75773-4076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A90961DF50FCD478F8C7
Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist		Amount of Each Receipt this Period <input type="text" value="1100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1200.00"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1257.14"/>
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 109 OF 136
<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. 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 ▼
183.48

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : AE665311B3FDD4F8AA72

Amount of Each Receipt this Period
61.16

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City Boca Raton	State FL	Zip Code 33487
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
244.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A18E1C40728D8464995E

Amount of Each Receipt this Period
61.16

Payroll Deduction

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 Mednax Services, Inc.	Occupation Dir Corp Patient Accounts
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A29F08C6D077B41F4A45

Amount of Each Receipt this Period
10.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	132.32
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 110 OF 136
	<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"/>	<input type="checkbox"/> 17

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

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

Mailing Address 2106 NW 166th Avenue

City State Zip Code
Pembroke Pines FL 33028

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

Name of Employer Occupation
Mednax Services, Inc. Dir Corp Patient Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A781024EA648B4258A1B

Amount of Each Receipt this Period
40.00

Payroll Deduction

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

Mailing Address 430 Grand Bay Dr #1002

City State Zip Code
Key Biscayne FL 33149

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

Name of Employer Occupation
Board Of Director Information Requested

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
02 / 21 / 2012
Transaction ID : A0525F71805D0450ABF7

Amount of Each Receipt this Period
5000.00

C. Ana Spence MD
Full Name (Last, First, Middle Initial)

Mailing Address 2251 N 32nd Street Lot 6

City State Zip Code
Mesa AZ 85213

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

Name of Employer Occupation
Obstetrix Medical Group of Phoenix, P. Perinatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
02 / 29 / 2012
Transaction ID : A62EA9D04FDC94EA8823

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5085.00
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 111 OF 136
(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

Full Name (Last, First, Middle Initial)
A. Alan Spitzer MD

Mailing Address 5868 NW 125th Terrace

City State Zip Code
 Coral Springs FL 33076

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

Name of Employer Occupation
 Mednax Services, Inc. Svp Reserach & Education

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 21 / 2012
Transaction ID : AA6FD5691543B48B4A33

Amount of Each Receipt this Period
 5000.00

Full Name (Last, First, Middle Initial)
B. Craig Steiner MD

Mailing Address 4709 Camargo Court

City State Zip Code
 College Station TX 77845-4405

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 ▼
 200.00

Date of Receipt
 02 / 29 / 2012
Transaction ID : A4C0C219D529D43FBA75

Amount of Each Receipt this Period
 100.00

Payroll Deduction

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

Mailing Address 275 NE Olive Way

City State Zip Code
 Boca Raton FL 33432

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

Name of Employer Occupation
 Mednax Services, Inc. VP Tech Svcs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 02 / 15 / 2012
Transaction ID : ABCCEA95DE8A84BBC9F/

Amount of Each Receipt this Period
 150.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 136
	<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 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 Tech Svcs
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : A69ADB385660D4C598F2
Amount of Each Receipt this Period **150.00**
Payroll Deduction

B. 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 **255.00**

Date of Receipt **02 / 15 / 2012**
Transaction ID : AA0DC2119A9304B92A2C
Amount of Each Receipt this Period **85.00**
Payroll Deduction

C. Julia L Stones
Full Name (Last, First, Middle Initial)
Mailing Address 6541 Ne 20 Terrace
City Ft Lauderdale State FL Zip Code 33308
FEC ID number of contributing federal political committee. **C**
Name of Employer Mednax Services, Inc. Occupation Dir Marketing
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **340.00**

Date of Receipt **02 / 29 / 2012**
Transaction ID : A7B5E25A3A50646BC86B
Amount of Each Receipt this Period **85.00**
Payroll Deduction

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 113 OF 136
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Terrence J Sweeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 17th Avenue East
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Washington, Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **280.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A12462FF33B5F4042B51
 Amount of Each Receipt this Period: 140.00
 Payroll Deduction

B. 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 **100.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A6523B2B37916450592E
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction

C. Bannie Lee Tabor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Still Meadow Drive
 City Ft Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc., Occupation: Medical Director PERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt: 02 / 29 / 2012
Transaction ID : A837B12876A40433F9C1
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	390.00
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 114 OF 136
(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. Sandy Tarant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Aylesford Drive
 City Midlothian State VA Zip Code 23113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, P.C. Corporate Medical Director
 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
 02 / 29 / 2012
Transaction ID : AE2C8382562B24C83B95
 Amount of Each Receipt this Period
 400.00
 Payroll Deduction

B. 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 ▼
 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : A74D3A0529E704F1CBD4
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

C. Pamela N Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 2121 NW 76th Terrace
 City Margate State FL Zip Code 33063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Clinical Services
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 29 / 2012
Transaction ID : AD575786A99614762911
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 115 OF 136
	<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 4711 NW 119th Avenue

City Coral Springs	State FL	Zip Code 33076
-----------------------	-------------	-------------------

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 ▼ **498.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A1ED88FFBB38248B2902

Amount of Each Receipt this Period

166.00

Payroll Deduction

B. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 4711 NW 119th Avenue

City Coral Springs	State FL	Zip Code 33076
-----------------------	-------------	-------------------

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 ▼ **664.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A30A405EE16E24AADB31

Amount of Each Receipt this Period

166.00

Payroll Deduction

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 ▼ **227.27**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A2791B2DCD8184E24BF8

Amount of Each Receipt this Period

227.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	559.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 116 OF 136
<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. 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 ▼ **400.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : **A6A5E97B5C8E547E2B81**

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

Payroll Deduction

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 ▼ **250.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : **A96E3EE659EDC45DEB30**

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

Payroll Deduction

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 ▼ **200.00**

Date of Receipt: **02 / 29 / 2012**
Transaction ID : **A1783782D5F634787A7F**

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

Payroll Deduction

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 117 OF 136
<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 Directr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 29 / 2012
Transaction ID : A0D828F44765E499C97D
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

B. Richard Turner DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 220 Quail Meadows Lane
 City Arlington State TX Zip Code 76002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Pediatric Hospitalist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 29 / 2012
Transaction ID : A3E0AC179407B42C5BD7
 Amount of Each Receipt this Period 5000.00
 Payroll Deduction

C. Gary A Twiggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24761 Judi Court Suite 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 ▼ 833.34

Date of Receipt 02 / 29 / 2012
Transaction ID : A61BC921D3E6C4F81871
 Amount of Each Receipt this Period 416.67
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5616.67
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 118 OF 136
<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. Scott Tyrey MD
Full Name (Last, First, Middle Initial)
Mailing Address 8601 Davishire Drive

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 ▼
100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AD908867520B14C88B1B

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Julio Vallette MD
Full Name (Last, First, Middle Initial)
Mailing Address 400 Normandy Dr

City Indialantic	State FL	Zip Code 32903
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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 ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AE307E21924644245B2E

Amount of Each Receipt this Period
5000.00

Payroll Deduction

C. 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 Pediatrix Medical Group of California,	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A4787D778EEFE4F9F9C4

Amount of Each Receipt this Period
40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5090.00
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 119 OF 136
<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. Miller J Van Vliet DO
Full Name (Last, First, Middle Initial)

Mailing Address 2122 Deer Island Lane

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
30.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A260374EF503543FEAB6

Amount of Each Receipt this Period
10.00

Payroll Deduction

B. Miller J Van Vliet DO
Full Name (Last, First, Middle Initial)

Mailing Address 2122 Deer Island Lane

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
40.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A26C9321F2A334985BBC

Amount of Each Receipt this Period
10.00

Payroll Deduction

C. Philip Vaughn MD
Full Name (Last, First, Middle Initial)

Mailing Address 11558 Morning Grove Dr

City Las Vegas	State NV	Zip Code 89135
-------------------	-------------	-------------------

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

Name of Employer Pokroy Medical Group Of Nv	Occupation Director Of Operations
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	21	/	2012

Transaction ID : A46DAF1C45579474AAED

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional).....	2020.00
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 120 OF 136
<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. Robert M Voelker MD			Date of Receipt
Mailing Address 7026 Oakbluff Drive			<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A4ACE73951E9743A8B2F
Dallas	TX	75254	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="1000.00"/>
Name of Employer	Occupation		
Pediatrix Medical Services, Inc.	Neonatologist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Dinh Vu MD			Date of Receipt
Mailing Address 3307 Mendenaro Court			<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : AEB0B2267B6344AA9A81
Fallbrook	CA	92028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		Payroll Deduction
Magella Medical Group, Inc.	Obstetric Hospitalist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="75.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Dinh Vu MD			Date of Receipt
Mailing Address 3307 Mendenaro Court			<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City	State	Zip Code	Transaction ID : A3EF86AA1A66A401090D
Fallbrook	CA	92028	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="25.00"/>
Name of Employer	Occupation		Payroll Deduction
Magella Medical Group, Inc.	Obstetric Hospitalist		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="100.00"/>		
<input type="checkbox"/> Other (specify) ▼			

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 121 OF 136
	<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. 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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : ACECE66CA29CD4706976

Amount of Each Receipt this Period

125.00

Payroll Deduction

B. Marshall W Walker MD
Full Name (Last, First, Middle Initial)

Mailing Address 53 Forest Lane

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : ACFB9D5B9A70C4885896

Amount of Each Receipt this Period

250.00

Payroll Deduction

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 Mednax Services, Inc.	Occupation Dir Clinical Systems
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **20.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A1D5E2AFC5C5B49228CA

Amount of Each Receipt this Period

20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	395.00
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 122 OF 136
<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. Michele M Wallace		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 10080 Nw 10th St		Transaction ID : ADFCB56C237164FC5845
City Plantation	State FL	Zip Code 33322
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Mednax Services, Inc.	Occupation Dir Clinical Systems	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 40.00	

Full Name (Last, First, Middle Initial) B. Mary Wearden MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2012
Mailing Address 22535 Lynridge		Transaction ID : A411F2AB52FE941F48B0
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. Mary Wearden MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012
Mailing Address 22535 Lynridge		Transaction ID : ACE99DC5C585342C0BA2
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 200.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	420.00
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 123 OF 136
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Scott T Wiles
Full Name (Last, First, Middle Initial)

Mailing Address 734 Marble 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 Director Of Tax
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
180.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A2D866C1538AF4231969

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Scott T Wiles
Full Name (Last, First, Middle Initial)

Mailing Address 734 Marble 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 Director Of Tax
---	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A4297E58259B54552A48

Amount of Each Receipt this Period
60.00

Payroll Deduction

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : AD187A6CA69314D22A99

Amount of Each Receipt this Period
100.00

Payroll Deduction

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 124 OF 136
<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. Mike Williams		Date of Receipt
Mailing Address 4824 Studbury Hall Ct		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Wake Forest State NC Zip Code 27587		Transaction ID : ACA3D88DFA46B4C548D3
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="100.00"/>
Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Karen S Witte		Date of Receipt
Mailing Address 11040 SW 1st Street		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Coral Springs State FL Zip Code 33071		Transaction ID : A226DB8B41AC04F60884
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Mednax Services, Inc.	Occupation Asst Corporate Controller	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) C. Karen S Witte		Date of Receipt
Mailing Address 11040 SW 1st Street		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Coral Springs State FL Zip Code 33071		Transaction ID : AA48EC93B205F4C55AF4
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Mednax Services, Inc.	Occupation Asst Corporate Controller	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 125 OF 136
<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. Terri Wohlever		Date of Receipt
Mailing Address 4106 Rive Lane		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2012"/>
City Addison State TX Zip Code 75001		Transaction ID : AC1A4F6BECED145F5A13
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="75.00"/>	

Full Name (Last, First, Middle Initial) B. Terri Wohlever		Date of Receipt
Mailing Address 4106 Rive Lane		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Addison State TX Zip Code 75001		Transaction ID : AA9F77C066AE847C48BD
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="100.00"/>	

Full Name (Last, First, Middle Initial) C. Lydia N Wright MD		Date of Receipt
Mailing Address 3224 Shadow Court		<input type="text" value="02"/> / <input type="text" value="29"/> / <input type="text" value="2012"/>
City Wilmington State NC Zip Code 28409		Transaction ID : A822423063BDA45909AD
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="41.70"/>
Name of Employer Obstetrix Medical Group of Coastal Car	Occupation Medical Director	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="83.40"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="91.70"/>
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 126 OF 136
<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. Peter K Wu MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A58CDA6D22F8E4F078A1
Mailing Address 1615 N. Queen St Apt. 502		Amount of Each Receipt this Period 100.00
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology Of Nc	Occupation Anesthesiologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. David C Yarnall MD		Date of Receipt MM / DD / YYYY 02 / 29 / 2012 Transaction ID : A75D5E084E919444BBB0
Mailing Address 12519 Nathaniel Oaks Dr		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Catherine J Yeagley MD		Date of Receipt MM / DD / YYYY 02 / 07 / 2012 Transaction ID : AE7A01C4B5EF54A9898C
Mailing Address 4180 Providence Lane		Amount of Each Receipt this Period 500.00
City Tucker	State GA	Zip Code 30084
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Perinatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 127 OF 136
	<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 ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : A5FD5867A542B484A910

Amount of Each Receipt this Period

200.00

Payroll Deduction

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

Mailing Address 4621 SW 163rd Path

City Miami	State FL	Zip Code 33185
---------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Insurance Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **45.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2012

Transaction ID : A2DD14C8E1FC54DEEBB6

Amount of Each Receipt this Period

15.00

Payroll Deduction

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

Mailing Address 4621 SW 163rd Path

City Miami	State FL	Zip Code 33185
---------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Insurance Program Manager
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **60.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	29	/	2012

Transaction ID : AACACE0CBB63E4024A9C

Amount of Each Receipt this Period

15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	230.00
TOTAL This Period (last page this line number only).....▶	158383.69

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

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

FOR LINE NUMBER: PAGE 128 OF 136
(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. Full Name (Last, First, Middle Initial)
SOUTHEAST ANESTHESIA ASSOCIATES, P.A. POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 36351**

City **CHARLOTTE** State **NC** Zip Code **28236**

FEC ID number of contributing federal political committee. **C C00306878**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1058.82**

Date of Receipt
02 / 23 / 2012

Transaction ID : A3EFA0F7875464123973

Amount of Each Receipt this Period
1058.82

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1058.82
TOTAL This Period (last page this line number only).....▶	1058.82

**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 Street

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2012

Transaction ID : B1B9EDB1D2485409FBC1

Amount of Each Disbursement this Period

94.95

Full Name (Last, First, Middle Initial)

B. Paypal, Inc.

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : BFBC69F535EDC49D5940

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Paypal, Inc.

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 29 / 2012

Transaction ID : BF0DBAFD503DD4DAE8D

Amount of Each Disbursement this Period

1251.83

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

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

1376.78

1376.78

**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

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B2D2D8C2F07074A379A7

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Dave Camp For Congress

Mailing Address 2501 Wisconsin Avenue
Suite 304

City Washington State DC Zip Code 20007

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Dave Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2012
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B38966AE4C2EB4421939

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Democratic Congressional Campaign Commit

Mailing Address 430 South Capitol Street, SE
2nd Floor

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Category/
Type

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : BB1EC5C71EA2B4E8895C

Amount of Each Disbursement this Period

15000.00

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

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

22500.00

**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. Democratic Senatorial Campaign Committee

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2012
 Primary General
 Other (specify) Other2012

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B67321D0466F646CAB70

Amount of Each Disbursement this Period

15000.00

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Joseph J. Heck

Office Sought: House Senate President

State: NV District: 03

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B5F4C46DCD5344142996

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Hoyer For Congress

Mailing Address 4201 Northview Drive
Suite 307

City Bowie State MD Zip Code 20716

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Steny H. Hoyer

Office Sought: House Senate President

State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B74C51F6036A742B2B85

Amount of Each Disbursement this Period

5000.00

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

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

21000.00

**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

Candidate Name

Rep. Jim W. Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : **BB9D12CF3020C42BFB12**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NANCY PELOSI FOR CONGRESS

Mailing Address 700 13TH STREET, NW
SUITE 600

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: CA District: 08

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : **B86CF21CB101B4046BA3**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. National Republican Congressional Commit

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District: Other2012

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2012

Transaction ID : **BDF98C21E1C234F1ABD8**

Amount of Each Disbursement this Period

15000.00

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

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

21000.00

**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. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		02		2012

Mailing Address 425 Second Street NE

Transaction ID : B6D93E720AEBE4FB3A2C

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Other2012

State: District:

Full Name (Last, First, Middle Initial)

B. RAND PAUL FOR US SENATE 2016

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		24		2012

Mailing Address PO BOX 72928

Transaction ID : B279E4FAFF9004D3BAC0

City NEWPORT State KY Zip Code 41072

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Sen. Rand Paul

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: KY District:

Full Name (Last, First, Middle Initial)

C. REPUBLICAN NATIONAL COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		03		2012

Mailing Address 310 FIRST STREET SE

Transaction ID : B450D28EFF6EE4B958D0

City WASHINGTON State DC Zip Code 20003

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
Political Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼
Other2012

State: District:

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

32500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Rogers For Congress

Mailing Address P.O. Box 581

City Brighton State MI Zip Code 48116

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Mike Rogers

Office Sought: House
 Senate
 President
State: MI District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : BAA63F3F54FBF4A46B70

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Tim Murphy For Congress

Mailing Address P.O. Box 24551

City Pittsburgh State PA Zip Code 15234

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Tim F. Murphy

Office Sought: House
 Senate
 President
State: PA District: 18

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2012

Transaction ID : B3BC5EE3D099046A2B3D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. VERN BUCHANAN FOR CONGRESS

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. Vernon Buchanan

Office Sought: House
 Senate
 President
State: FL District: 13

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 16 / 2012

Transaction ID : BEEB4E5260C774D8F85A

Amount of Each Disbursement this Period

2000.00

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

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

4000.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Political Contribution

Candidate Name

Rep. John Shimkus

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	02	/	2012

Transaction ID : B8B2F5A42D99E4654A65

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1000.00

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

102000.00

**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. Sarah Davis Campaign

Mailing Address 4203 Tennyson Street

City Houston State TX Zip Code 77005

Purpose of Disbursement
Political contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	24	/	2012

Transaction ID : B7B502365252D471B8B9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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Amount of Each Disbursement this Period

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

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

1000.00

1000.00
