

FEC  
FORM 3X

REPORT OF RECEIPTS  
AND DISBURSEMENTS  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1301 Concord Terrace

Check if different than previously reported. (ACC) Sunrise FL 33323-2843

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00469205

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input checked="" type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

(d) 30-Day **POST**-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
--	---------------------------------------	--

Election on M M M / D D D / Y Y Y Y Y Y Y in the State of  

5. Covering Period 04 / 01 / 2014 through 04 / 30 / 2014

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

Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte [Electronically Filed] Date 05 / 09 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		<input type="text" value="610519.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="729757.83"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="59613.92"/>	<input type="text" value="560108.82"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="789371.75"/>	<input type="text" value="1170628.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="96052.78"/>	<input type="text" value="477309.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="693318.97"/>	<input type="text" value="693318.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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)

Page 3

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).....	53495.97	510657.20
(ii) Unitemized .....	5949.29	46954.34
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	59445.26	557611.54
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	59445.26	557611.54
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).....	168.66	497.28
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
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))..... ▶	59613.92	560108.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	59613.92	560108.82

**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 .....	52.78	459.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	52.78	459.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	35500.00	195000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements .....	60500.00	131600.00
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)) ..	96052.78	477309.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96052.78	477309.72

**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) .....	59445.26	557611.54
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	59445.26	557361.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	52.78	459.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	168.66	497.28
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-115.88	-37.56

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial)  
**A. Francis J Abdou MD**

Mailing Address 3828 White Chapel Way

City Raleigh State NC Zip Code 27615

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

Name of Employer American Anesthesiology of North Carol Occupation Medical Director Anesth

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A54701D8D2DBD40A69D0**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 366 Cortona Drive

City Westlake Hills State TX Zip Code 78746

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2900.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : AEAB8C1FE77A341248DE**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**c. John M Aguiar**

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330

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

Name of Employer Mednax Services, Inc. Occupation Dir Customer Service

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **265.08**

Date of Receipt **04 / 15 / 2014**

**Transaction ID : A04117B882BB8489F89E**

Amount of Each Receipt this Period **37.87**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 100
	<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 M Aguiar**  
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330

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

Name of Employer Mednax Services, Inc. Occupation Dir Customer Service

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **302.95**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A7AD38066854E4245AA3**

Amount of Each Receipt this Period  
**37.87**

Payroll Deduction

**B. Shannon S Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **362.03**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A889391967C5E49E1AE4**

Amount of Each Receipt this Period  
**51.72**

Payroll Deduction

**C. Shannon S Allen**  
Full Name (Last, First, Middle Initial)

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **413.75**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A107407BCC4E7448891B**

Amount of Each Receipt this Period  
**51.72**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **141.31**

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

**SCHEDULE A (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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4028 John S Raboteau Wynd

City Raleigh	State NC	Zip Code 27612
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of North Carol	Occupation Anesthesiologist
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A64A8D381DC9D45A8B11**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**B. Ramak R Amjad MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1315 Ariola Drive

City Pensacola Beach	State FL	Zip Code 32561
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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 ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	10	/	2014

**Transaction ID : A8F56F4942E3C43959AB**

Amount of Each Receipt this Period  

1000.00
---------

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City Albuquerque	State NM	Zip Code 87107
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A66C95C3B919B414EA8E**

Amount of Each Receipt this Period  

75.00
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Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Dominic J Andreano</b>		Date of Receipt
Mailing Address 6803 Lost Garden Ter		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Parkland	FL	33076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A900620AAF76C4BB5AB4</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	SVP and Gen'l Counsel	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Dominic J Andreano</b>		Date of Receipt
Mailing Address 6803 Lost Garden Ter		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Parkland	FL	33076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A04178F9F46254D5EB27</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	SVP and Gen'l Counsel	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Martin Anyebuno MD</b>		Date of Receipt
Mailing Address 5722 Moccasin Run		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rockford	IL	61109
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFAB13D0A7B214C7899B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatric Medical Group of Illinois, P	Corporate Medical Directr	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="700.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1435 Natchez Way

City Grayson State GA Zip Code 30017-1070

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
**04 / 30 / 2014**

**Transaction ID : A5843B4847DCC4F3499C**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**B. Ronda K Ash**  
Full Name (Last, First, Middle Initial)

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

Name of Employer Occupation  
American Anesthesiology, Inc. Dir of CodingANES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **762.30**

Date of Receipt  
**04 / 15 / 2014**

**Transaction ID : A48363CA23DC64D0B840**

Amount of Each Receipt this Period  
**108.90**

Payroll Deduction

**C. Ronda K Ash**  
Full Name (Last, First, Middle Initial)

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

Name of Employer Occupation  
American Anesthesiology, Inc. Dir of CodingANES

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **871.20**

Date of Receipt  
**04 / 30 / 2014**

**Transaction ID : A890E1886E0934C72868**

Amount of Each Receipt this Period  
**108.90**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **267.80**

**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 11 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Christine N Aune MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15814 Seekers St

City San Antonio	State TX	Zip Code 78255
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A31CB677B273349DA8CF**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**B. Christine N Aune MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15814 Seekers St

City San Antonio	State TX	Zip Code 78255
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AC18B32D912C74C00B32**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**C. Ronald S Bank MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1642 White Pine Drive

City Vienna	State VA	Zip Code 22182
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A488F4068487A43978FC**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 12 OF 100  
(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. John L Bankston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Pembroke Dr  
 City State Zip Code  
 Palm Beach Gardens FL 33418  
 Date of Receipt: 04 / 30 / 2014  
**Transaction ID : AD7737AB2735A4D469EA**  
 Amount of Each Receipt this Period: 125.00  
 Payroll Deduction:  
 FEC ID number of contributing federal political committee: C  
 Name of Employer: Pediatrix Medical Group of Florida, In  
 Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date: 550.00

**B. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City State Zip Code  
 San Antonio TX 78230  
 Date of Receipt: 04 / 15 / 2014  
**Transaction ID : A04243AD730B74A21A3D**  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction:  
 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: 1750.00

**C. Michael Battista MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Orsinger Hill  
 City State Zip Code  
 San Antonio TX 78230  
 Date of Receipt: 04 / 30 / 2014  
**Transaction ID : A75CD8C7DAEF643BEB7D**  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction:  
 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: 2000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 625.00  
**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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. James Beatty MD</b>		Date of Receipt
Mailing Address 21 Barksdale DR NE		<input type="text" value="04"/> / <input type="text" value="11"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30309
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A50600567AEA948C1B90</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Georgia, LL	Anesthesiologist	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Rosaire J Belizaire MD</b>		Date of Receipt
Mailing Address 201 Grand Pointe Boulevard		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lafayette	LA	70508
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AD0296D047CDA460F888</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Louisiana,	Corp Med Director NICU	<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="600.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Valerie J Bell MD</b>		Date of Receipt
Mailing Address 2973 Cheroakwood Lane		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Rockford	IL	61114
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AB10B1EC86B4A4771AF1</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Illinois, P	Med Dir Ped Hosp	<input type="text" value="75.00"/>
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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="825.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 100
	<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. Arthur F Bergh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 460 Lanternback Island Drive  
 # 1508  
 City State Zip Code  
 Satellite Beach FL 32937  
 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 ▼  
 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A664093D8B9C249D6AF7**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Timothy Biela MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 Colonial Woods  
 City State Zip Code  
 Boerne TX 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 315.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : A32D3385BF7FF41CD916**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

**C. Timothy Biela MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 Colonial Woods  
 City State Zip Code  
 Boerne TX 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 360.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A2988EFB241B4414283B**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 190.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 100
	<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. Aretas Braziuнас MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 Brookview Circle  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A91A0D9A489104356AFA**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction

**B. Aretas Braziuнас MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 Brookview Circle  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : AA2D2B94137C742FCB1A**  
 Amount of Each Receipt this Period **200.00**  
 Payroll Deduction

**C. David R Breed MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 S College St  
 City Georgetown State TX Zip Code 78626  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **700.00**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A7F2E143B7B7E4B7CB25**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. David R Breed MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 S College St

City Georgetown State TX Zip Code 78626

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AD17669DD4D204CD5B71**

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 ▼ **550.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AC47E4AF6C7384D3B89D**

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

Payroll Deduction

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

Mailing Address 12717 W Sunrise Blvd 256

City Sunrise State FL Zip Code 33323

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : A9023025DC592459D84C**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **616.66**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 100
<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. Samuel A Burns MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7718 Moss Brook Drive

City San Antonio	State TX	Zip Code 78255
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A2853442BB5AB4D57A9F**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

**B. Samuel A Burns MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7718 Moss Brook Drive

City San Antonio	State TX	Zip Code 78255
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AC6FCB856D491469E99A**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 423 Westridge Circle

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Pat Accts 15
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A663F442D7E4E45592E**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>160.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Reg Dir Pat Accts 15

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : A447CE17A7B464C9E96E**

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

Payroll Deduction

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

Mailing Address 7207 Edloe

City Houston State TX Zip Code 77025

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AF3C2CB501AD44A90810**

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

Payroll Deduction

**C. Barbara Carr MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14116 Fontana

City Leawood State KS Zip Code 66224

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : ADC11B10EFB24449BA02**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Paul T Carrell MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5215 Buckman Mountain Rd

City Austin State TX Zip Code 78746

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2014  
**Transaction ID : AD5BCC99D32724ECCBDI**

Amount of Each Receipt this Period 100.00

Payroll Deduction

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

Mailing Address 1505 First South Apt 401

City Jacksonville State FL Zip Code 32250

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

Name of Employer Pediatrix Medical Group of Florida, In Occupation Corporate Medical Directr

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 04 / 30 / 2014  
**Transaction ID : A409C227CFAED407E835**

Amount of Each Receipt this Period 125.00

Payroll Deduction

**C. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Rolling Meadow

City Pittsburgh State PA Zip Code 15241

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Dir PDX Analytcl Research

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt 04 / 15 / 2014  
**Transaction ID : AC5ECEA330B914397B4B**

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 20 OF 100
<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. Donald H Chace PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Rolling Meadow  
 City Pittsburgh State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir PDX Analytcl Research  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2014  
**Transaction ID : ACBADB47EF47B48908FC**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**B. Carroll L Chambers JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3117 Cutchin Dr  
 City Charlotte State NC Zip Code 28210-4815  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt: 04 / 30 / 2014  
**Transaction ID : AD3A3EC5E9A98488AAD9**  
 Amount of Each Receipt this Period: 75.00  
 Payroll Deduction

**C. Elmer K Choi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 407 Park Street SE  
 City Vienna State VA Zip Code 22180-5806  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of Virginia, P Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2014  
**Transaction ID : A61D09C35353A4C52A35**  
 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 21 OF 100
	<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. Reese H Clark MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11539 NW 72nd Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2600.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A31662048562045F7B3D**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AD0A072F004D143B1B40**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**C. Robert Closius**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4301 Willow Ridge Drive

City Weston	State FL	Zip Code 33331
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : ACCD6DD4FF0FB46AFBCF**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	260.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Robert Closius</b>		Date of Receipt
Mailing Address 4301 Willow Ridge Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Weston FL 33331		<b>Transaction ID : A8C9B22F833E4478EB69</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer Mednax Services, Inc.	Occupation Mgr Network Services	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="480.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Brittany Clyne MD</b>		Date of Receipt
Mailing Address 1629 Sterling Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Charlotte NC 28209		<b>Transaction ID : AF3E78DEB9EF04BBF992</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="75.00"/>
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Cameron Cole MD</b>		Date of Receipt
Mailing Address 8239 New Cut Rd		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City State Zip Code Campo Bello SC 29322		<b>Transaction ID : A77A3E451F97B4E01A45</b>
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="125.00"/>
Name of Employer Pediatrix Medical Group of South Carol	Occupation Medical Director NICU	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="260.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 100
<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. Jose Colindres MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 16775 NW 20 Street

City Pembroke Pines	State FL	Zip Code 33028
------------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Florida, In	Occupation 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
04	/	30	/	2014

**Transaction ID : A2B93CDA21AC640A5988**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**B. 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 ▼  
2000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A5C6298C44F80435A844**

Amount of Each Receipt this Period  
500.00

Payroll Deduction

**C. Larry Consenstein MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 322 Farmer St

City Syracuse	State NY	Zip Code 13203
------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group Neonatology an	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AACDD8B6F27F24ED9A06**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Larry Consenstein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Farmer St  
 City Syracuse State NY Zip Code 13203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group Neonatology an 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  
 04 / 30 / 2014  
**Transaction ID : A8E3DB2AAF7784AF5872**  
 Amount of Each Receipt this Period  
 50.00  
 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 Occupation  
 American Anesthesiology of North Carol Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 340.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A1A29720DCE934B3F97D**  
 Amount of Each Receipt this Period  
 85.00  
 Payroll Deduction

**C. J Thomas Thomas Cox JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2488 W Keswick Road  
 City Florence State SC Zip Code 29501  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of South Carol 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  
 04 / 30 / 2014  
**Transaction ID : AE2AB029B685645ABAB1**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	260.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave  
 Ne  
 City Redmond State WA Zip Code 98053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Perinatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2014  
**Transaction ID : A7B6223CC88C145AA8A7**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**B. Jorge Del Toro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 NW 125th Avenue  
 Unit 317  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: RVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1282.68**

Date of Receipt: 04 / 30 / 2014  
**Transaction ID : A04A4972EEE73481D8B2**  
 Amount of Each Receipt this Period: 320.67  
 Payroll Deduction

**C. Matthew J Devine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2902 Needham Court  
 City Delray Beach State FL Zip Code 33445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Mednax Services, Inc. Occupation: VP Business Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1458.31**

Date of Receipt: 04 / 15 / 2014  
**Transaction ID : A1604A4345D77418A85C**  
 Amount of Each Receipt this Period: 208.33  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **629.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A5363AF8DFBB949E4900**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. James Doyle MD**

Mailing Address 2137 Queens Road East

City Charlotte State NC Zip Code 28207

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : AB2E94D710694435A8B8**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Cedric Dupont MD**

Mailing Address 29 Pascal Lane

City Austin State TX Zip Code 78746

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A8D2C999AC0E348B19F3**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs	State GA	Zip Code 30350
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : ACC5C5E0AED1F4C24856**

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

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : AEE88C5EAF1CE48E8A3D**

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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A37F386FE769542A19ED**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 100
	<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. Terry I Feng MD**

Mailing Address 715 Trimble Walk Ln NE

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. Corporate Medical Directr

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  
04 / 11 / 2014  
**Transaction ID : ADC13C51F731941928E8**

Amount of Each Receipt this Period  
300.00

Full Name (Last, First, Middle Initial)  
**B. Miguel Fernandez**

Mailing Address 121 Alhambra Plaza Suite 1100

City Coral Gables State FL Zip Code 33134-4522

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

Name of Employer Occupation  
Mednax, Inc. Board Member

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  
04 / 10 / 2014  
**Transaction ID : A882E938B2C2D4DF0ABB**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 2207 Peninsula Ave

City Shelby State NC Zip Code 28150

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

Name of Employer Occupation  
American Anesthesiology of the Southea Anesthesiologist Assoc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
340.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
04 / 30 / 2014  
**Transaction ID : AA3254CCBB5E84B59924**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5385.00

**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 29 OF 100  
(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 Weston State FL Zip Code 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 ▼  
 700.00

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : A190604732DBE4903A6B**

Amount of Each Receipt this Period  
 100.00

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : A77F731409DF448699B7**

Amount of Each Receipt this Period  
 100.00

Payroll Deduction

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

Mailing Address 1014 Priory Place

City McLean State VA Zip Code 22101

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

Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : A558A314D32124D53858**

Amount of Each Receipt this Period  
 100.00

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 30 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 2127 Brickell Avenue  
Apt 2801

City Miami State FL Zip Code 33129

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.69

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2014  
**Transaction ID : A5FE1693B31314F8696D**

Amount of Each Receipt this Period  
41.67

Payroll Deduction

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

Mailing Address 2127 Brickell Avenue  
Apt 2801

City Miami State FL Zip Code 33129

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
333.36

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2014  
**Transaction ID : ADAAFB3BAB3A84DA4BB**

Amount of Each Receipt this Period  
41.67

Payroll Deduction

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

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1458.31

Date of Receipt  
MM / DD / YYYY  
04 / 15 / 2014  
**Transaction ID : ACA9F6B18816F4B3CA06**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 291.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 100
	<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. Sanjuanita GarzaCox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 Ruidosa Downs  
 City Helotes State TX Zip Code 78023  
 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 ▼  
 1666.64

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : AF313A8AB32BC4CA1A8E**  
 Amount of Each Receipt this Period  
 208.33  
 Payroll Deduction

**B. Richard Gilbert MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1200 Holiday Drive Apt 104  
 City Ft Lauderdale State FL Zip Code 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology, Inc. VP Chief Med Officer  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 400.00

Date of Receipt  
 04 / 30 / 2014  
**Transaction ID : AA3302DF8DA6A423D9AC**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. Mario I Gonzalez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 48  
 City Tallahassee State FL Zip Code 32302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Div Dir Managed Care  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 04 / 15 / 2014  
**Transaction ID : A12291933740E4F089AC**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	358.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 32 OF 100
<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. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Div Dir Managed Care

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : A0391ACE775314567BAB**

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

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

City Parkland State FL Zip Code 33076

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP Med Coding Ops and IM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt: **04 / 15 / 2014**

**Transaction ID : AB493942D22A94226BD6**

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

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

City Parkland State FL Zip Code 33076

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP Med Coding Ops and IM

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : A277AC20DA8C744808DD**

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

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: (check only one)	PAGE 33 OF 100
<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. Katherine Grichnik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1300.00**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A230C015E129A45C8B3A**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**B. Katherine Grichnik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1400.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : AB963A254F7BA440B920**  
 Amount of Each Receipt this Period **100.00**  
 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 **785.89**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A130954D1FD5A4448837**  
 Amount of Each Receipt this Period **112.27**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **312.27**  
**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 34 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

**A. 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 ▼ **898.16**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : AA38F2E0CE88D45DAB1A**

Amount of Each Receipt this Period **112.27**

Payroll Deduction

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

Mailing Address 9008 Unbridle Lane

City Waxhaw State NC Zip Code 28173

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : ABF6C44DA7AEF43EB843**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 200 Chimney Rock

City Houston State TX Zip Code 77024

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **333.32**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A9A9847BCC5A6477B8C1**

Amount of Each Receipt this Period **83.33**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **295.60**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 100
	<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. Joseph Harlan JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Kathwood Court

City Florence State SC Zip Code 29501-1975

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A6DEC0BE8A2014EA5842**

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

Payroll Deduction

**B. John P Harvey MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2602 S Lipscomb St

City Amarillo State TX Zip Code 79109

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: **04 / 10 / 2014**  
Transaction ID : **AEF58187D18E7470F986**

Amount of Each Receipt this Period: **1000.00**

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: Div COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1604.19**

Date of Receipt: **04 / 15 / 2014**  
Transaction ID : **A7C627178F6FD4679B10**

Amount of Each Receipt this Period: **229.17**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1629.17</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 100
<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 Hawk**  
Full Name (Last, First, Middle Initial)

Mailing Address 1542 SE 13th Street

City Ft Lauderdale	State FL	Zip Code 33316
-----------------------	-------------	-------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Div COO
---	-----------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1833.36

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A3EE38150A47746D1AE1**

Amount of Each Receipt this Period  
229.17

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AF4DD7B23F5CB4D2DAF6**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A23740B477504472CB8D**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	329.17
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 100
	<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. Ayne K Iafolla MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 14220 Cervantes Avenue

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AC841AF398CE34E60B11**

Amount of Each Receipt this Period  

150.00
--------

Payroll Deduction

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

Mailing Address 420 Hendon Row Way

City Fort Mill	State SC	Zip Code 29715
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A7E937D7982F64E108C1**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

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

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AC267B1512283496E955**

Amount of Each Receipt this Period  

75.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 100
	<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. Jeffrey M Jekot MD**

Mailing Address 3804 Woodcutter's Way

City	State	Zip Code
Austin	TX	78746-1543

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2014

**Transaction ID : AF222BF758F104F20888**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

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

Mailing Address 3511 N 1590 W

City	State	Zip Code
PLasant Grove	UT	84062

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	15	/	2014

**Transaction ID : A9F73C4C0848040568B5**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 3511 N 1590 W

City	State	Zip Code
PLasant Grove	UT	84062

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2014

**Transaction ID : AF7CBAB47EF9E4AFBAAI**

Amount of Each Receipt this Period  

50.00
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Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 100
	<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. Prameela Karimi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7315 Boxwood Court  
 City Irving State TX Zip Code 75063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt: **04 / 10 / 2014**  
**Transaction ID : A16B27A0338AD4D1F81D**  
 Amount of Each Receipt this Period: **1000.00**

**B. Debra F Kaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11224 Handlebar Rd  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology, Inc. Occupation: Director of Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **915.53**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : AFC27735A1BCE4C5D869**  
 Amount of Each Receipt this Period: **130.79**  
 Payroll Deduction

**C. Debra F Kaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11224 Handlebar Rd  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology, Inc. Occupation: Director of Operations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1046.32**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : AE6F67E68D3DC4FE3965**  
 Amount of Each Receipt this Period: **130.79**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1261.58**  
**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 40 OF 100
<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. Mark C Katris**  
Full Name (Last, First, Middle Initial)

Mailing Address 3440 NE 15th Avenue

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A9AB7EC32E99C48BCA4E**

Amount of Each Receipt this Period  

75.00
-------

Payroll Deduction

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

Mailing Address 3440 NE 15th Avenue

City Oakland Park	State FL	Zip Code 33334
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A006161037A174932BEA**

Amount of Each Receipt this Period  

75.00
-------

Payroll Deduction

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

Mailing Address 55 West Elm Circle

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1400.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A059F485C5C8242C8BC0**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 41 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 55 West Elm Circle

City San Antonio State TX Zip Code 78230

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A798E0A7F54C64E40BBC**

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

Payroll Deduction

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

Mailing Address 2420 Valley Brook Road

City Nashville State TN Zip Code 37215

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A431D6542C54F45FFAB6**

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

Payroll Deduction

**C. Tony M Lacaze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.31**

Date of Receipt: **04 / 15 / 2014**  
Transaction ID : **AE7C3D3BA2B6B42C5A1B**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **508.33**

**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 42 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Tony M Lacaze**  
Full Name (Last, First, Middle Initial)

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AFC4015A8B2C349F5A32**

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

Payroll Deduction

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

Mailing Address 1415 Greystone RDG

City San Antonio State TX Zip Code 78258

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2815.00**

Date of Receipt: **04 / 15 / 2014**

**Transaction ID : A34D6942810EF40C092B**

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

Payroll Deduction

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

Mailing Address 1415 Greystone RDG

City San Antonio State TX Zip Code 78258

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3019.17**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AC9697738577542E6875**

Amount of Each Receipt this Period: **204.17**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **457.50**

**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 43 OF 100
	<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. Michael J Lang MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10422 E Windrose Drive  
 City Scottsdale State AZ Zip Code 85259-2422  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Obstetrix Medical Group of Phoenix, P.  
 Occupation Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : ACCCA9F0251354B54A46**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**B. Stewart Lawrence MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 E Plateau Drive  
 City Boise State ID Zip Code 83712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc.  
 Occupation Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 437.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : A99AE098A13FA4322A34**  
 Amount of Each Receipt this Period 62.50  
 Payroll Deduction

**C. Stewart Lawrence MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2555 E Plateau Drive  
 City Boise State ID Zip Code 83712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc.  
 Occupation Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : AE49E05A0314E4033A2C**  
 Amount of Each Receipt this Period 62.50  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	225.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 100
	<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. Vicki Leamy**  
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **307.50**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : A985506DE70174D3EBAD**

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

Payroll Deduction

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

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **370.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A80D583996F2E4B268A1**

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

Payroll Deduction

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

Mailing Address 1000 1st Avenue 1900

City Seattle State WA Zip Code 98104

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A15E4DB1F9BE14C4490D**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **325.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 100
	<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. Peter Levine**  
Full Name (Last, First, Middle Initial)

Mailing Address 1192 Skylark Drive

City Weston	State FL	Zip Code 33327
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AAFAC594831574DD49C8**

Amount of Each Receipt this Period  

100.00
--------

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 Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel
---	-----------------------------------

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
04	/	30	/	2014

**Transaction ID : AC7545E63E5D14CC397E**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**C. 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 ▼ **1600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A67AF73469A894F86AD2**

Amount of Each Receipt this Period  

400.00
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William 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, Inc  
Occupation: Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A517FAB8EEFF545A4B8A**

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

Payroll Deduction

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

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

City Charlotte State NC Zip Code 28202

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A9EC8859B2F0B47C1B29**

Amount of Each Receipt this Period: **75.00**

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 ▼ **2666.68**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A9D6FA19F84BF438CA17**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **766.67**

**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 47 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 3903 Laurel Manor Ct

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A2E3C9E2CC456465C90E**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt **04 / 15 / 2014**

**Transaction ID : AA68A4C3E0C0E406DA6D**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

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

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A79BA03DE06DA4C1F915**

Amount of Each Receipt this Period **45.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>190.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 100
	<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. 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 ▼ **889.28**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A5D0E3351D3794518992**  
 Amount of Each Receipt this Period **127.04**  
 Payroll Deduction

**B. Bruce Manno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1257 Ginger Circle  
 City Weston State FL Zip Code 33326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Internal Audit  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1016.32**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : AC9D42833806046D196A**  
 Amount of Each Receipt this Period **127.04**  
 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, Inc. Occupation Director of Oper ANES  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1120.32**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A4DBB9206A6BB4D5D995**  
 Amount of Each Receipt this Period **186.72**  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>440.80</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 49 OF 100
<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. 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, Inc. Occupation Director of Oper ANES

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1307.04

Date of Receipt 04 / 30 / 2014  
**Transaction ID : A336D23D746BF4CC48FE**

Amount of Each Receipt this Period 186.72

Payroll Deduction

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

Mailing Address 333 Las Olas Way Apt 3005

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 04 / 30 / 2014  
**Transaction ID : A343E8774C38141448FD**

Amount of Each Receipt this Period 416.67

Payroll Deduction

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

Mailing Address 5 Chatham Road

City Charleston State WV Zip Code 25304

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 04 / 30 / 2014  
**Transaction ID : AABAA2135944A4CC9AEA**

Amount of Each Receipt this Period 416.67

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1020.06

**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 50 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Jorge McCormack MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7 Brightwaters Circle NE

City St Petersburg	State FL	Zip Code 33704
-----------------------	-------------	-------------------

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2014

**Transaction ID : AA7A52AB299264C9EAEB**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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

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

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

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2014

**Transaction ID : AAF9ADD7264524D3FA7B**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**C. 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 Pediatrix Medical Group of California,	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		30		2014

**Transaction ID : ADBD8B58798A8461D917**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 7417 N Secret Canyon Drive

City Tucson State AZ Zip Code 85718

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A602824BE4C1747D1AD0**

Amount of Each Receipt this Period: **150.00**

Payroll Deduction

**B. Khawar Mohsini MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1635 Linden Place

City Saginaw State MI Zip Code 48638

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

Name of Employer: Pediatrix Medical Group of Michigan, P  
Occupation: Corporate Medical Directr

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3300.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : AA42D384AB0A04D6DBFE**

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

Payroll Deduction

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

Mailing Address 6525 Monument Avenue

City Richmond State VA Zip Code 23226

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **665.00**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : AC6495F7542CE4812B20**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **445.00**

**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 100
	<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 ▼ **760.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : A5F1089CD789A47F48E7**

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

Payroll Deduction

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

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587

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

Name of Employer: **American Anesthesiology of North Carol** Occupation: **Chief CRNA**

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **04 / 25 / 2014**

**Transaction ID : A1F9C48AA035E40D8910**

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

Payroll Deduction

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

Mailing Address 25135 Stageline Dr

City Laguna Hills State CA Zip Code 92653

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **04 / 30 / 2014**

**Transaction ID : AA45ADCCE458D4450865**

Amount of Each Receipt this Period: **150.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **295.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 100
<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. Vijay Nama MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3101 Kennison Court

City Plano	State TX	Zip Code 75093
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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 ▼  
1664.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A0E6703752191496A97A**

Amount of Each Receipt this Period  
416.00

Payroll Deduction

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A9EE086CB6C304CF69AE**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AEFAE61B241EF41DABB8**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	516.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Chien Oh MD</b>		Date of Receipt
Mailing Address 10997 E Raintree Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Scottsdale	AZ	85255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A8D5BD81F3F174C3789D</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Obstetrix Medical Group of Phoenix, P.	Medical Director PERI	<input type="text" value="125.00"/>
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="500.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Olufemi O Okanlami MD</b>		Date of Receipt
Mailing Address 51310 Shamrock Hills Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Granger	IN	46530
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AE74DA9D25D704393A6B</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Indiana, P.	Neonatologist	<input type="text" value="250.00"/>
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="1000.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Alan B Oliver</b>		Date of Receipt
Mailing Address 336 Golf View Road 603		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
North Palm Beach	FL	33408
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AB1121828713C4D608BD</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Regional President	<input type="text" value="250.00"/>
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="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="625.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 100
	<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. 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 ▼ **420.00**

Date of Receipt **04 / 15 / 2014**  
**Transaction ID : A59D279B1675342069F7**

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 ▼ **480.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : A9DC83469CDDF4FA89EC**

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 ▼ **600.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : AE83C3C961B574872998**

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 56 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Brian J Palank JRMD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : A621CF36D9A474B30A9A</b>
Mailing Address 1100 Metropolitan Ave Unit 403		Amount of Each Receipt this Period 75.00
City Charlotte	State NC	Zip Code 28204
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc
Receipt For: <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>B. Michael S Paranka MD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : A041F177DE4904897853</b>
Mailing Address 10126 Summit View Pt		Amount of Each Receipt this Period 100.00
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: <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) <b>C. Hanoch Patt MD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : AA590A8C7389646039EB</b>
Mailing Address 3005 Scenic Drive		Amount of Each Receipt this Period 500.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	675.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 OF 100
	<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 ▼ **1458.31**

Date of Receipt **04 / 15 / 2014**

**Transaction ID : AD31CFB8A8CB94FCB98/**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

**B. Darren Patz**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A698A2DBFF05A4B3DB23**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

**C. Lee A Pearse MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12116 Drujon Lane

City Dallas State TX Zip Code 75244

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 11 / 2014**

**Transaction ID : A15169E71952F466DBB0**

Amount of Each Receipt this Period **1000.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1416.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Joshua Peck</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : AC551512B8347496C899</b>
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 50.00
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Dir Practice Integration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Joshua Peck</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : AD3FFF06E3CDD44CD99A</b>
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 50.00
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Dir Practice Integration
Receipt For: <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) <b>C. John Pepia</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : AD385D9DB999849ED9E8</b>
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 ▼ 1600.00	Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Carlos Perez MD**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11913

City San Juan State PR Zip Code 00922-1913

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

Name of Employer Occupation  
Pediatrix Medical Group, S.P. Regional President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **ACBFC9A4373DA40BB806**

Amount of Each Receipt this Period  
**416.67**

Payroll Deduction

**B. Maria R Pierce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 W Elm Circle

City San Antonio State TX Zip Code 78230

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1458.31**

Date of Receipt  
**04 / 15 / 2014**  
Transaction ID : **A82B918464D994752B2D**

Amount of Each Receipt this Period  
**208.33**

Payroll Deduction

**C. Maria R Pierce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 33 W Elm Circle

City San Antonio State TX Zip Code 78230

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

Name of Employer Occupation  
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **A18E2C3B93216482F92F**

Amount of Each Receipt this Period  
**208.33**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>833.33</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Arnold Poole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12149 Huske Road

City Stony Creek	State VA	Zip Code 23882
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1287.23

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AD9A013623C5C44DCBEE**

Amount of Each Receipt this Period  
183.89

Payroll Deduction

**B. Arnold Poole**  
Full Name (Last, First, Middle Initial)  
Mailing Address 12149 Huske Road

City Stony Creek	State VA	Zip Code 23882
---------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1471.12

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A7C1A0158DC8441BDA82**

Amount of Each Receipt this Period  
183.89

Payroll Deduction

**C. Mary J Poulson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1954 S Parfet Drive

City Lakewood	State CO	Zip Code 80227
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AF4CE1433E25B41E1B87**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	417.78
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 100
	<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. 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 ▼ **400.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : AD520F17465ED445AA4A**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

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

Mailing Address 109 Sequoia Drive

City San Antonio State TX Zip Code 78232

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 15 / 2014**

**Transaction ID : A3D8F042320AB4EB191F**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

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

Mailing Address 109 Sequoia Drive

City San Antonio State TX Zip Code 78232

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**04 / 30 / 2014**

**Transaction ID : A433703100C5B40CF8F2**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Richard Powers MD</b>		Date of Receipt
Mailing Address 110 Gemini Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Los Gatos	CA	95032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>AE0B36178A0D54396879</b>
Pediatrix Medical Group of California,	Medical Director	
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="2700.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Mark P Preziosi MD</b>		Date of Receipt
Mailing Address 3144 Legends Circle		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lakeland	FL	33803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>AB4DF863A0EAB4833B76</b>
Pediatrix Medical Group of Florida, In	Corp Med 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="305.00"/>	<input type="text" value="85.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Jeanne Proia</b>		Date of Receipt
Mailing Address 4441 NE 30th Terr		<input type="text" value="04"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lighthouse Pt	FL	33064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : <b>AFB9331AC962A4E2C9C0</b>
Mednax Services, Inc.	Dir Bus Dev Internal	
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="1350.00"/>	<input type="text" value="50.00"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="235.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Jeanne Proia</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : A5278DD12737C40A4856</b>
Mailing Address 4441 NE 30th Terr		Amount of Each Receipt this Period 50.00
City Lighthouse Pt	State FL	Zip Code 33064
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Mednax Services, Inc.	Occupation Dir Bus Dev Internal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>B. Patricia Ramsay MD</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : A216959E6C83241EDAB0</b>
Mailing Address 2581 Luberon Drive		Amount of Each Receipt this Period 50.00
City Henderson	State NV	Zip Code 89044
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pokroy Medical Group of Nevada, Ltd.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>C. Patricia Ramsay MD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : AC4CCD394F5444C239A4</b>
Mailing Address 2581 Luberon Drive		Amount of Each Receipt this Period 50.00
City Henderson	State NV	Zip Code 89044
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pokroy Medical Group of Nevada, Ltd.	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	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 64 OF 100
<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. Evelyn Rider MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Meadowlark Ridge Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A61C6ABC7A2AD49EA9B1**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 6 Meadowlark Ridge Rd

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AF6C54B7185D042FBB4A**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. Audelio Rivera MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6025 Cervinus Run

City Austin	State TX	Zip Code 78735
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	11	/	2014

**Transaction ID : ACBD757ECDCFF4689A48**

Amount of Each Receipt this Period  
1000.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 65 OF 100
<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. Louis A Romagnoli**  
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AD13161965C5A4583AA2**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 7730 Hanahan Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AB74CFDF1728B4ADAA1D**

Amount of Each Receipt this Period  
50.00

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 Dir Training & Dev't
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A70ED5F8C9F474CBFB31**

Amount of Each Receipt this Period  
30.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	130.00
<b>TOTAL</b> This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 100
	<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. Brian Rosenberg**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7366 NW 108th Way

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

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

Name of Employer Mednax Services, Inc.	Occupation Dir Training & Dev't
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A98D53D13629C41C8957**

Amount of Each Receipt this Period  
30.00

Payroll Deduction

**B. Linda Sacks MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 406 Wheeler Street

City Savannah	State GA	Zip Code 31405
------------------	-------------	-------------------

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

Name of Employer Magella Medical Associates of Georgia,	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A76CBD91D529E48598EA**

Amount of Each Receipt this Period  
100.00

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 Neonatologist
--	-----------------------------

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
04	/	30	/	2014

**Transaction ID : A35231836CB21492DB6F**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	230.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 16741 100 Norman Place

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A72B04CDF15604509B66**

Amount of Each Receipt this Period  

75.00
-------

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **627.76**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : AB5EF4798309B4E9DA69**

Amount of Each Receipt this Period  

89.68
-------

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **717.44**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : AC88E06BA0515489798C**

Amount of Each Receipt this Period  

89.68
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Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>254.36</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Debra Sansoucie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3663 Whipoorwill Blvd  
City Punta Gorda State FL Zip Code 33950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP AdvPr Program  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1187.50**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : A71E5D31AD8DD4425B4C**  
Amount of Each Receipt this Period: **62.50**  
Payroll Deduction

**B. Debra Sansoucie**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3663 Whipoorwill Blvd  
City Punta Gorda State FL Zip Code 33950  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP AdvPr Program  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ **1250.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : ABC1418A807B64C369C9**  
Amount of Each Receipt this Period: **62.50**  
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 ▼ **240.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A8032031675BF46439C1**  
Amount of Each Receipt this Period: **60.00**  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 100
<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. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **Pediatrix Medical Services, Inc.** Occupation: **Medical Director NICU**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A3139038D277C42BF9F4**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**B. Jeffrey D Shapiro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5080 Jett Forest Trl  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **American Anesthesiology of Georgia, LL** Occupation: **Medical Director Anesth**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500.00**

Date of Receipt: **04 / 11 / 2014**  
**Transaction ID : A454C0532D5BD42FB880**  
 Amount of Each Receipt this Period: **1500.00**

**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: **Pediatrix Medical Services, Inc.** Occupation: **Neonatologist**  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A9F73BBAF16DC4919BDB**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1700.00**  
**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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Kim G Smith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3050 FM 1799

City Mineola State TX Zip Code 75773-4076

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **A50D43DA690F24C02AE4**

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

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City 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 ▼ **390.99**

Date of Receipt: **04 / 15 / 2014**  
Transaction ID : **A6180ADD5C0544B55A0A**

Amount of Each Receipt this Period: **62.39**

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City 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 ▼ **453.38**

Date of Receipt: **04 / 30 / 2014**  
Transaction ID : **AA3DAA55776D74D4E8E7**

Amount of Each Receipt this Period: **62.39**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **224.78**

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

**SCHEDULE A (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 100
	<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. Bharath Srivatsa MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1917 North Akin Drive NE

City Atlanta State GA Zip Code 30345

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

Name of Employer Neonatology Associates of Atlanta, P.C  
Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  
**04 / 29 / 2014**  
Transaction ID : **AD0024E89F7114D9BA6A**

Amount of Each Receipt this Period  
**200.00**

**B. Craig Steiner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4709 Camargo Court

City College Station State TX Zip Code 77845-4405

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
**04 / 30 / 2014**  
Transaction ID : **A903DE940BDDA4E6EAD3**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction

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

Mailing Address 2124 Bradford Park

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 Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **4500.00**

Date of Receipt  
**04 / 11 / 2014**  
Transaction ID : **ADFFCE8D0FA494F7C8BD**

Amount of Each Receipt this Period  
**4500.00**

**SUBTOTAL** of Receipts This Page (optional)..... **4825.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Julia L Stones**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6541 Ne 20 Terrace

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : A2D9B58CB2C4D42D4A94**

Amount of Each Receipt this Period  
85.00

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 ▼  
680.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2014

**Transaction ID : A4038E47FF88B477D8AB**

Amount of Each Receipt this Period  
85.00

Payroll Deduction

**C. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 NE 48th Court

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Exec Dir Bus Integration
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.34

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	15	/	2014

**Transaction ID : ABCFE84572CD64081890**

Amount of Each Receipt this Period  
104.17

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	274.17
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Milissa Stubbs</b>		Date of Receipt
Mailing Address 2751 NE 48th Court		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Lighthouse Point	FL	33064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
American Anesthesiology, Inc.	Exec Dir Bus Integration	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="312.51"/>	
		Transaction ID : <b>A775A0D26E10F49998B5</b>
		Amount of Each Receipt this Period
		<input type="text" value="104.17"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Terrence J Sweeney MD</b>		Date of Receipt
Mailing Address 727 17th Avenue East		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Seattle	WA	98112
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Washington,	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="560.00"/>	
		Transaction ID : <b>A3B8F631071934DF9B4D</b>
		Amount of Each Receipt this Period
		<input type="text" value="140.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Bannie Lee Tabor MD</b>		Date of Receipt
Mailing Address 5020 Still Meadow Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ft Worth	TX	76132
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Services, Inc.	Medical Director PERI	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	
		Transaction ID : <b>AA09B71F3D9754470803</b>
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="444.17"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 100
	<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. Kenneth I Tan MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15680 Shannon Hts Rd  
 City Los Gatos State CA Zip Code 95032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of California, Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000.00**

Date of Receipt: **04 / 11 / 2014**  
**Transaction ID : A327C476FFB4F47E2A6B**  
 Amount of Each Receipt this Period: **1000.00**

**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: Pediatrix Medical Group, P.C. Occupation: Corp Med Director NICU  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **400.00**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A69665F55DE4749AC924**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**C. Harris Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7643 NW 122nd Drive  
 City Parkland State FL Zip Code 33076  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology, Inc. Occupation: Regional President  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1162.00**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : A03EA2C385E71423A91C**  
 Amount of Each Receipt this Period: **166.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **1266.00**  
**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 100
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

**A. Harris Thompson**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7643 NW 122nd Drive  
City Parkland State FL Zip Code 33076  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Anesthesiology, Inc. Occupation Regional President  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date **1328.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : ABB411CC12DAF4320AAC**  
Amount of Each Receipt this Period **166.00**  
Payroll Deduction

**B. 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 **909.08**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : A53CAF2D991F74CA4B4D**  
Amount of Each Receipt this Period **227.27**  
Payroll Deduction

**C. 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 **800.00**

Date of Receipt **04 / 30 / 2014**  
**Transaction ID : A10F0B60667EF4EBB94A**  
Amount of Each Receipt this Period **200.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **593.27**  
**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 76 OF 100
	<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. 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 Occupation  
 Pediatrix Medical Group of Colorado, P Neonatologist  
 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  
 04 / 30 / 2014  
**Transaction ID : AC9DEEF56DBFA4259AAF**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**B. 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 Occupation  
 American Anesthesiology of North Carol Anesthesiologist  
 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  
 04 / 30 / 2014  
**Transaction ID : A7860A0C1A2B640B7A36**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. 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 Occupation  
 Neonatology Associates of Atlanta, P.C Corporate Medical Directr  
 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  
 04 / 30 / 2014  
**Transaction ID : AA7C2D427CC624A9F8E9**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 100
	<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 A Twiggs MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 24761 Judi Court  
Ste 4000

City Laguna Niguel State CA Zip Code 92677

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.68**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : A3F406E61402A410DA4A**

Amount of Each Receipt this Period: **416.67**

Payroll Deduction

**B. Karen R Underwood MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11834 N 142nd Street

City Scottsdale State AZ Zip Code 85259

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt: **04 / 15 / 2014**  
**Transaction ID : A74CDC81A4C084D329A5**

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

Payroll Deduction

**C. Karen R Underwood MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 11834 N 142nd Street

City Scottsdale State AZ Zip Code 85259

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt: **04 / 30 / 2014**  
**Transaction ID : AA1E855BA1B04450381E**

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

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **833.33**

**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 78 OF 100
	<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. Alfonso Vargas MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 410 Starfire Causeway

City Oldsmar State FL Zip Code 34677

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

Name of Employer Occupation  
Pediatrix Medical Group of Florida, In Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : ADC97319BDD944CB6A56**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. Karl B Wagner**  
Full Name (Last, First, Middle Initial)

Mailing Address 1476 Victoria Isle Dr

City Weston State FL Zip Code 33327

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

Name of Employer Occupation  
American Anesthesiology, Inc. President AA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
04 / 10 / 2014  
**Transaction ID : A1EF26F56A3DE4A85A18**

Amount of Each Receipt this Period  
5000.00

**C. 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 Occupation  
Obstetrix Medical Group of Washington, Practice Med DirPERI

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
04 / 30 / 2014  
**Transaction ID : AEF8DC50B5C534CA39DE**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5225.00

**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 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Marshall W Walker MD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : A0B71A413C51741C2810</b>
Mailing Address 73 Rock Creek Drive		Amount of Each Receipt this Period 250.00
City Greenville	State SC	Zip Code 29605
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of South Carol	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Mary Wearden MD</b>		Date of Receipt MM / DD / YYYY 04 / 15 / 2014 <b>Transaction ID : A21CB6580A9F94F148FC</b>
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
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 ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Mary Wearden MD</b>		Date of Receipt MM / DD / YYYY 04 / 30 / 2014 <b>Transaction ID : AA6AFCA523F484D08963</b>
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
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 ▼ 1600.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William Wegh DO**  
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Funny Cide Ln

City Waxhaw State NC Zip Code 28173

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A102602710C20479D9D0**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 6612 Crown Forest Dr

City Plano State TX Zip Code 75024

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 30 / 2014**

**Transaction ID : A1BC9F86F24FB47AC981**

Amount of Each Receipt this Period **500.00**

Payroll Deduction

**C. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City Glen Allen State VA Zip Code 23059

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

Name of Employer Critical Health Systems, Inc. Occupation VP Revenue Cycle Mgmt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 15 / 2014**

**Transaction ID : A31B984AFC8BF47ECBA8**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **675.00**

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 100
	<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. Mike Williams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11287 Crutchfields Ct  
 City State Zip Code  
 Glen Allen VA 23059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Critical Health Systems, Inc. VP Revenue Cycle Mgmt  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : AD4640724A25E4705BA0**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Bonnie Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 South Ocean Blv  
 Blv  
 City State Zip Code  
 Fort Lauderdale FL 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Division Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 15 / 2014  
**Transaction ID : AFC753EFBCD1242F3B4B**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**C. Bonnie Wilson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2100 South Ocean Blv  
 Blv  
 City State Zip Code  
 Fort Lauderdale FL 33316  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Division Counsel  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : AA804357B738E482DBA9**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 100
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 908 Symphony Circle SW

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2014

**Transaction ID : A4C8A1AC677134F8388B**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

**B. 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 ▼ **800.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	30	/	2014

**Transaction ID : A6ACED4CA446744AAB9D**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

**C. Karen Zarlengo MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 819 St Paul St

City Denver	State CO	Zip Code 80206
----------------	-------------	-------------------

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 ▼ **1000.00**

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	11	/	2014

**Transaction ID : A12CB21A4CA2244CA5F**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 83 OF 100  
(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. Steven Zucker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4201 Fox Run Court  
 City Weston State FL Zip Code 33331  
 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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : A755A1FB2A7FD414DB0D**  
 Amount of Each Receipt this Period  
 500.00

**B. Terrance J Zuerlein MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Fontenay Circle  
 City Little Rock State AR Zip Code 72223  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pediatrix Medical Group of Arkansas, P Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 30 / 2014  
**Transaction ID : A83E1E95165B445FA840**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	53495.97

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

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

FOR LINE NUMBER: PAGE 84 OF 100  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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

**A. Mednax, Inc**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 Concord Ter  
 City Sunrise State FL Zip Code 33323-2843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 497.28

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 04 / 10 / 2014  
**Transaction ID : AA02473FF0E55495895A**  
 Amount of Each Receipt this Period  
 168.66  
 Reimbursement of March bank fees

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	168.66
<b>TOTAL</b> This Period (last page this line number only).....▶	168.66

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	1	4

Transaction ID : BF1EF1681248C499E843

Amount of Each Disbursement this Period

5	2	.	7	8
---	---	---	---	---

Full Name (Last, First, Middle Initial)

### B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

Full Name (Last, First, Middle Initial)

### C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--

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

5	2	.	7	8
---	---	---	---	---

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

5	2	.	7	8
---	---	---	---	---

**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. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name  
**Sen. Mark Begich**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : BF6681EB310EF40EB9B9**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. ALASKANS FOR BEGICH 2014**

Mailing Address 1231 W NORTHERN LTS #605

City ANCHORAGE State AK Zip Code 99503

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Sen. Mark Begich**

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	07	/	2014

**Transaction ID : B4CAE009761DE443BADA**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. BILIRAKIS FOR CONGRESS**

Mailing Address PO BOX 606

City Tarpon Springs State FL Zip Code 34688-0606

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Rep. Gus M. Bilirakis**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	02	/	2014

**Transaction ID : BC148509E510849EA8F5**

Amount of Each Disbursement this Period

1000.00
---------

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

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

6000.00
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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. Brett Guthrie For Congress**

Mailing Address PO Box 9839

City Bowling Green State KY Zip Code 42102

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President  
State: KY District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	0		2	0	1	4

Transaction ID : **B6799E83B01684813A10**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Mark Pryor for US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : **BF877EA0FA2C74D2BAA5**

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Mark Pryor for US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : **B67995CE0891D452A84D**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

7	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. MOOLENAAR FOR CONGRESS**

Mailing Address 5915 EASTMAN AVENUE  
SUITE 100

City Midland State MI Zip Code 48640-6824

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Sen. John Moolenaar**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MI District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 18 / 2014

Transaction ID : **BB6139E66D67E429797B**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Rep. Frank Pallone Jr.**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2014

Transaction ID : **B06B2A03D9EF5463AB2F**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. PALLONE FOR CONGRESS**

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name  
**Rep. Frank Pallone Jr.**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 22 / 2014

Transaction ID : **B805AD6748A9445BE9F3**

Amount of Each Disbursement this Period

2500.00

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

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

7500.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. RECLAIM AMERICA PAC**

Mailing Address 228 S WASHINGTON ST STE 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 02 / 2014

Transaction ID : BDC4EBC1DF93240DF99C

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Richard E. Neal For Congress Committee**

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Rep. Richard E. Neal

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

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : BF3BEC765B5B545569E2

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. SHORE PAC**

Mailing Address P.O. BOX 3157

City Long Branch State NJ Zip Code 07740-3157

Purpose of Disbursement  
Political Contribution - 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 22 / 2014

Transaction ID : B9310028066E44149B10

Amount of Each Disbursement this Period

5000.00

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

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

15000.00

35500.00

**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. Alexander for Senate**

Mailing Address 150 Cleveland Drive

City Walhalla State SC Zip Code 29691-1868

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

**Transaction ID : B952B869A9C154D46BF3**

Amount of Each Disbursement this Period

1000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Bill Clyburn Campaign**

Mailing Address 664 Edrie Street

City Aiken State SC Zip Code 29801-4208

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

**Transaction ID : B517470AC681440159AC**

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Bill Herbkersman Campaign**

Mailing Address PO Box 2120

City Bluffton State SC Zip Code 29910-2120

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

**Transaction ID : BE890C361CF904441879**

Amount of Each Disbursement this Period

500.00

Category/  
Type

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

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

2000.00

**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. Bingham For The House**

Mailing Address P.O. Box 2025

City Cayce State SC Zip Code 29171-2025

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : B65F630286A3249A5AFA

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Brian White For House**

Mailing Address P.O. Box 970

City Anderson State SC Zip Code 29622-0970

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : BE5B62611169E439EB5C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Campaign Committee to Elect Jason Frierson**

Mailing Address 7925 W. Russell oad  
Unit 400157

City Las Vegas State NV Zip Code 89140

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : BD421A2E21D6848A3AFC

Amount of Each Disbursement this Period

2500.00

**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 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. Cleary for Senate**

Mailing Address 3577 marion Lane

City Murrells Inlet State SC Zip Code 29576-6012

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : B10DFD995F2134B75A32

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Committee for Cobb-Hunter**

Mailing Address PO Box 2263

City Orangeburg State SC Zip Code 29116-2263

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : BB5777340387D44C9BB3

Amount of Each Disbursement this Period

500.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Marilyn Kirkpatrick**

Mailing Address 4747 Showdown Drive

City North Las Vegas State NV Zip Code 89031-2133

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 23 / 2014

Transaction ID : B5F50F31263784020BED

Amount of Each Disbursement this Period

5000.00

Category/  
Type

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

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

6000.00

**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. Committee to Elect Mo Denis**

Mailing Address 3204 Osage Ave.

City Las Vegas State NV Zip Code 89101-1838

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

**Transaction ID : B1F066A07BB6F4F44AF0**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Courson for Senate**

Mailing Address 2934 Wheat Street

City Columbia State SC Zip Code 29205-2563

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

**Transaction ID : B43AFA2D0B427431BB8C**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Debbie Smith Campaign**

Mailing Address 1285 Baring Blvd.  
Suite 402

City Sparks State NV Zip Code 89434-8673

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

**Transaction ID : B83AC7EBD36B24EE29B6**

Amount of Each Disbursement this Period

5000.00

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

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

11000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Eisen for Nevada Assembly**

Mailing Address 9850 S. Maryland Parkway  
Suite A-5-162

City Las Vegas State NV Zip Code 89183-7146

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : B2C1AA3D05B8C47DB842

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Justin Jones**

Mailing Address PO Box 371626

City Las Vegas State NV Zip Code 89137-1626

Purpose of Disbursement  
Political Contribution- General 2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : BABDCE86CF65B4186AF8

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Friends of Michael Roberson**

Mailing Address P.O. Box 370672

City Las Vegas State NV Zip Code 89137-0672

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : BED1365C15B3A4D95807

Amount of Each Disbursement this Period

5000.00

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

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

12500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Shannon Jones**

Mailing Address 800 Valley View Point

City Springboro State OH Zip Code 45066-9097

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	1	4

**Transaction ID : B36F67BAF24B14FC6B07**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Hutto for Senate**

Mailing Address PO Box 1084

City Orangeburg State SC Zip Code 29116-1084

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

**Transaction ID : B068C1322943046FD9D0**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Jay Lucas Campaign**

Mailing Address PO Box 1408

City Hartsville State SC Zip Code 29551-1408

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

**Transaction ID : B8E52D535C818403396D**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

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

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Justice for All**

Mailing Address 610 S. Boulevard

City Tampa State FL Zip Code 33606-2693

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	8		2	0	1	4

Transaction ID : B90AF509E6E17435EA78

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Kent Williams for Senate**

Mailing Address PO Box 1514

City Marion State SC Zip Code 29571-1514

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	6

Transaction ID : B5FF8C734E85248D2B20

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Kris Crawford for South Carolina**

Mailing Address 217 Dozier Boulevard Suite 105

City Florence State SC Zip Code 29501-4090

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : B498A127F05BA4C0286D

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

1	1	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Leatherman for Senate**

Mailing Address PO Box 142

City Columbia State SC Zip Code 29202-0142

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : BEA82897FA05845BD876

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Maggie Carlton for Assembly**

Mailing Address 5540 E. Cartwright Ave.

City Las Vegas State NV Zip Code 89110-3802

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 23 / 2014

Transaction ID : BD51E8E3C2411419E8F3

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. McGill for Senate**

Mailing Address 601 N Longstreet Street

City Kingstree State SC Zip Code 29556-3303

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : B85CA83FB677E42B69B7

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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. Murrell Smith Campaign**

Mailing Address PO Box 580

City Sumter State SC Zip Code 29151-0580

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : BE909FED92C2D48D5A03

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Nikki Setzler for SC Senate**

Mailing Address PO Box 6036

City West Columbia State SC Zip Code 29171-6036

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : B68D35135057F4B61A10

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Peeler For Senate**

Mailing Address PO Box 142

City Columbia State SC Zip Code 29202-0142

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 07 / 2014

Transaction ID : B897C8CB452F74144BDB

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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. Sandifer for the House**

Mailing Address 112 Cardinal Drive

City Seneca State SC Zip Code 29672-2257

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

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

State: District:

Date of Disbursement

/  /

04 / 07 / 2014

**Transaction ID : BDF3FC3139D394C1DB94**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Senator David Heitmeier Campaign**

Mailing Address 3501 Holiday Drive  
Suite 225

City New Orleans State LA Zip Code 70114-8202

Purpose of Disbursement  
VOID - Political Contribution- Primary 2015- original 2/28/14

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

/  /

04 / 09 / 2014

**Transaction ID : BDCE1560413094D38961**

Amount of Each Disbursement this Period

-1500.00

Full Name (Last, First, Middle Initial)

**C. Senator Jack Hill Campaign**

Mailing Address 109 College Ave

City Reidsville State GA Zip Code 30453

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

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

State: District:

Date of Disbursement

/  /

04 / 28 / 2014

**Transaction ID : B2F94E917237347DA98C**

Amount of Each Disbursement this Period

500.00

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

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

0.00

**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. The Committee to Elect Terry England**

Mailing Address 1060 Old Hog Mtc. Rd.

City Auburn State GA Zip Code 30011

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : B30E52FAF094540A7800

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. The Committee to Elect Terry England**

Mailing Address 1060 Old Hog Mtc. Rd.

City Auburn State GA Zip Code 30011

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 28 / 2014

Transaction ID : B2BE42503F22F4A8792F

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**C. Tracy Edge Campaign**

Mailing Address 1423 Edge Drive

City North Myrtle Beach State SC Zip Code 29582-3831

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
04 / 07 / 2014

Transaction ID : BF6555D320D774F2C88B

Amount of Each Disbursement this Period

500.00

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

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

2500.00

60500.00