

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		610519.87
(b) Cash on Hand at Beginning of Reporting Period.....	866353.78	
(c) Total Receipts (from Line 19)	79922.71	500494.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	946276.49	1111014.77
7. Total Disbursements (from Line 31).....	216518.66	381256.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	729757.83	729757.83
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	71183.09	457161.23
(ii) Unitemized	6696.33	41005.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	77879.42	498166.28
(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)	77879.42	498166.28
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	43.29	328.62
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000.00	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))..... ▶	79922.71	500494.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	79922.71	500494.90

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	168.66	406.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	168.66	406.94
22. Transfers to Affiliated/Other Party Committees.....	150000.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	64500.00	159500.00
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	250.00	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)).....	250.00	250.00
29. Other Disbursements	1600.00	71100.00
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)) ..	216518.66	381256.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	216518.66	381256.94

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)	77879.42	498166.28
34. Total Contribution Refunds (from Line 28(d))	250.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	77629.42	497916.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	168.66	406.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	43.29	328.62
38. Net Operating Expenditures (subtract Line 37 from Line 36)	125.37	78.32

**SCHEDULE A (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 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 3828 White Chapel Way

City Raleigh	State NC	Zip Code 27615
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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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A798E5DC11EA54A71B6A

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 366 Cortona Drive

City Westlake Hills	State TX	Zip Code 78746
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A0C0177995AA44B88940

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 4050 Sw 140 Ave

City Davie	State FL	Zip Code 33330
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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 ▼ **227.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A29036E2AF0AB463AB41

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 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. John Ahmann MD
Full Name (Last, First, Middle Initial)

Mailing Address 4262 Emerald Blvd

City Richfield State OH Zip Code 44286

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

Name of Employer: **Pediatrix Medical Group of Ohio Corp.**
Occupation: **Medical Director NICU**

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
03 / 18 / 2014

Transaction ID : A0E086E098F124DA6984

Amount of Each Receipt this Period
2000.00

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 ▼ **258.59**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : A5B923C70DC7C453599A

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 ▼ **310.31**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A67CE2FF6B8BD4018BC2

Amount of Each Receipt this Period
51.72

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2103.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 96
	<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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AE424ECFC7E304529971

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. Vivek Anand MD
Full Name (Last, First, Middle Initial)

Mailing Address 5916 Woodwind Drive

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : A2192EA88991345A4BE9

Amount of Each Receipt this Period

600.00

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 ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AEDBA0D25FAA543CDA60

Amount of Each Receipt this Period

75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	775.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dominic J Andreano			Date of Receipt
Mailing Address 6803 Lost Garden Ter			<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City Parkland	State FL	Zip Code 33076	Transaction ID : ACD43E5663D9B43BCB89
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Mednax Services, Inc.	Occupation SVP and Gen'l Counsel		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="1250.00"/>		

Full Name (Last, First, Middle Initial) B. Dominic J Andreano			Date of Receipt
Mailing Address 6803 Lost Garden Ter			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Parkland	State FL	Zip Code 33076	Transaction ID : AAEB5E7B6039D45549EC
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="250.00"/>
Name of Employer Mednax Services, Inc.	Occupation SVP and Gen'l Counsel		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="1500.00"/>		

Full Name (Last, First, Middle Initial) C. Martin Anyebuno MD			Date of Receipt
Mailing Address 5722 Moccasin Run			<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City Rockford	State IL	Zip Code 61109	Transaction ID : A1E010823D7184948982
FEC ID number of contributing federal political committee. <input type="text" value="C"/>			Amount of Each Receipt this Period <input type="text" value="200.00"/>
Name of Employer Pediatrix Medical Group of Illinois, P	Occupation Corporate Medical Directr		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="600.00"/>		

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 96
	<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. Christine N Aune MD		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78255
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AC1C3C19B2CCD4F08A3E
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) B. Christine N Aune MD		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78255
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A16A24CC247A744A7B84
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Ronald S Bank MD		Date of Receipt
Mailing Address 1642 White Pine Drive		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A4D1CD602E4F1445CA0C
American Anesthesiology of Virginia, P	Anesthesiologist	
Receipt For:		Amount of Each Receipt this Period
<input type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="text" value="75.00"/>
<input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Payroll Deduction
	<input type="text" value="225.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. John L Bankston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Pembroke Dr
 City State Zip Code
 Palm Beach Gardens FL 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 425.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : AAA1C3515359E4BA1B21
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

B. Leah Baron MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 48 Cardinal Ridge
 City State Zip Code
 Medford NJ 08055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Burlington Anesthesia Associates, P.A. Anesthesiologist
 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
 03 / 05 / 2014
Transaction ID : AB0FC1AD513EB4705B29
 Amount of Each Receipt this Period
 500.00

C. Michael Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger Hill
 City State Zip Code
 San Antonio TX 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : A504063F23F0A46EEAA7
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 11 Orsinger Hill

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: Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : **A7963B022D6E541E187E**

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

Payroll Deduction

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

Mailing Address 201 Grand Pointe Boulevard

City Lafayette State LA Zip Code 70508

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : **A34C45C469A134F839F2**

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

Payroll Deduction

C. Valerie J Bell MD
Full Name (Last, First, Middle Initial)

Mailing Address 2973 Cheroakwood Lane

City Rockford State IL Zip Code 61114

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : **AEBBFF68554FA4CE8889**

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **475.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

A. 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : AF1B9E9AE63F242E0BAC
 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 ▼
 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : A20FBE71FA68E49A6B04
 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 ▼
 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : A9EFF811B19EA46E8975
 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 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

City Reno	State NV	Zip Code 89519
--------------	-------------	-------------------

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

Name of Employer Pokroy Medical Group of Nevada, Ltd.	Occupation Pediatric Intensivist
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A19B6DF7EFA47466CAD1

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A0DA04890DF3E4047968

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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A6D39D7BC922547A2AF6

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 1310 S College St

City Georgetown	State TX	Zip Code 78626
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AD037458AED31486C8D2

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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : ABE74AF769E3D48BF930

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 ▼ **1249.98**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A4AF384C544FF499296A

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: PAGE 17 OF 96
(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. Samuel A Burns MD

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 Occupation
 Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 14 / 2014
Transaction ID : ADA093F96D78444589D2

Amount of Each Receipt this Period
 50.00

Payroll Deduction

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

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 Occupation
 Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : ACDCE9585855F4C06A2D

Amount of Each Receipt this Period
 50.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Thomas J Butler

Mailing Address 4223 Forestridge Dr

City Richfield State OH Zip Code 44286

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

Name of Employer Occupation
 Pediatrix Medical Group of Ohio Corp. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 03 / 18 / 2014
Transaction ID : A482A3ED8383D47B5853

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2100.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 18 OF 96
<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. 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A200FCC011F55481D80F

Amount of Each Receipt this Period

60.00

Payroll Deduction

B. 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 ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A2AFCAF9D28874B5F993

Amount of Each Receipt this Period

60.00

Payroll Deduction

C. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A19E3A9CFA0C14A2B97A

Amount of Each Receipt this Period

200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	320.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Ronald 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 Occupation
 Pediatrix Medical Group of Florida, In Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : A0E75982F3EBF42798D
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

B. 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 Occupation
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 03 / 14 / 2014
Transaction ID : ABAC8FFA4983243C79BE
 Amount of Each Receipt this Period
 50.00
 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 Occupation
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : A5F416C230C1B4CB3862
 Amount of Each Receipt this Period
 50.00
 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 20 OF 96
	<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. 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 **225.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : A77B29F0A82874D67923
 Amount of Each Receipt this Period **75.00**
 Payroll Deduction

B. Elmer K Choi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Park Street SE
 City Vienna State VA Zip Code 22180-5806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : AA170D81A7CE24847B37
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

C. Katherine Clafin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 17580 Cantrell Rd
 City Linwood State KS Zip Code 66052
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Kansas, P.A Occupation Corp Med Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : AFB42FC543B8A409EB8C
 Amount of Each Receipt this Period **300.00**
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 96
	<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. Bobby Clifton MD
Full Name (Last, First, Middle Initial)

Mailing Address 1312 Montrose Dr

City	State	Zip Code
Shelby	NC	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 ▼ **300.00**

Date of Receipt
03 / 31 / 2014
Transaction ID : AC0291DCAD1E3494FB77

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 4301 Willow Ridge Drive

City	State	Zip Code
Weston	FL	33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
03 / 14 / 2014
Transaction ID : A50B1FEA97EA046DC89A

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 4301 Willow Ridge Drive

City	State	Zip Code
Weston	FL	33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt
03 / 31 / 2014
Transaction ID : A930EE5C9B9FD47E3BBF

Amount of Each Receipt this Period
60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 96
	<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. Brittany Clyne MD
Full Name (Last, First, Middle Initial)

Mailing Address 1629 Sterling Road

City Charlotte State NC Zip Code 28209

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : AA326A4EA6000417DAF3

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campo Bello State SC Zip Code 29322

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

Name of Employer Pediatrix Medical Group of South Carol Occupation Medical Director NICU

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
03 / 31 / 2014

Transaction ID : AEFCEE15D67E442CDB93

Amount of Each Receipt this Period
125.00

Payroll Deduction

C. 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 ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A8413399319864FC7837

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Steve Collins		Date of Receipt
Mailing Address 10468 Laurel Road		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code Davie FL 33328		Transaction ID : A347F0534C47243C2824
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Mednax Services, Inc.	Occupation SVP Business Development	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1500.00"/>	

Full Name (Last, First, Middle Initial) B. Larry Consenstein MD		Date of Receipt
Mailing Address 322 Farmer St		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City State Zip Code Syracuse NY 13203		Transaction ID : ABB7B7D1B2B584DDCAE2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Pediatrix Medical Group Neonatology an	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="250.00"/>	

Full Name (Last, First, Middle Initial) C. Larry Consenstein MD		Date of Receipt
Mailing Address 322 Farmer St		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City State Zip Code Syracuse NY 13203		Transaction ID : A4071394CC3CA4864937
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer Pediatrix Medical Group Neonatology an	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="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="600.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 96
	<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 B Corkey MD
Full Name (Last, First, Middle Initial)

Mailing Address 1413 Dogwood Lane

City Raleigh State NC Zip Code 27607

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **255.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A377C16EF1B364C63B09

Amount of Each Receipt this Period **85.00**

Payroll Deduction

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

Mailing Address 2488 W Keswick Road

City Florence State SC Zip Code 29501

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

Name of Employer Pediatrix Medical Group of South Carol Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : AD6E9B4C428AA4F969B5

Amount of Each Receipt this Period **125.00**

Payroll Deduction

C. Roberta H De Regt MD
Full Name (Last, First, Middle Initial)

Mailing Address 10930 250th Ave Ne

City Redmond State WA Zip Code 98053

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

Name of Employer Obstetrix Medical Group of Washington, Occupation Perinatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A30B3D0A8EE4348B99C1

Amount of Each Receipt this Period **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **310.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jorge Del Toro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 NW 125th Avenue
 Unit 317
 City Sunrise State FL Zip Code 33323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: RVP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **962.01**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A876BAC8443EB43F3917
 Amount of Each Receipt this Period: **320.67**
 Payroll Deduction

B. Kisha Destin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 Church Gate Ln
 Apt 104
 City Gaithersburg State MD Zip Code 20878-7850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix of Maryland, P.A. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt: **03 / 20 / 2014**
Transaction ID : AB11A6A5727D44A2B9DC
 Amount of Each Receipt this Period: **500.00**

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 **1041.65**

Date of Receipt: **03 / 14 / 2014**
Transaction ID : A32022B4464724018861
 Amount of Each Receipt this Period: **208.33**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1029.00
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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1249.98**

Date of Receipt **03 / 31 / 2014**

Transaction ID : AFFEF9B9112AA46AEB07

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 2137 Queens Road East

City Charlotte State NC Zip Code 28207

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A91190A65946146CEA49

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 29 Pascal Lane

City Austin State TX Zip Code 78746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A849763CDA04D4DF9AF3

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 96
	<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. Michael D Dwyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1220 SE 3rd Ave
D301

City Pompano Beach State FL Zip Code 33060

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 ▼
5000.00

Date of Receipt
03 / 19 / 2014
Transaction ID : A6FE5300698A54340920

Amount of Each Receipt this Period
5000.00

B. Mohammed Elkhwad MD
Full Name (Last, First, Middle Initial)

Mailing Address 4775 Valleybrook Dr

City Brecksville State OH Zip Code 44141

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

Name of Employer Occupation
Pediatrix Medical Group of Ohio Corp. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
03 / 18 / 2014
Transaction ID : A4BA40D58745C4792965

Amount of Each Receipt this Period
2000.00

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

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs State GA Zip Code 30350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
03 / 31 / 2014
Transaction ID : AA55035C5798C4FBAAAC

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 7125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 28 OF 96
<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. 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A619B5CDCAE0646739E6

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 3127 Windsong Dr

City 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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A7CA2693CCBAAA48C934

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Harriet J Feick MD
Full Name (Last, First, Middle Initial)

Mailing Address 3950 Stonebridge Blvd

City Copley	State OH	Zip Code 44321
----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Ohio Corp.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : A720558C8A8864A11BED

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....	2200.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 29 OF 96
<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. Carlos Flores MD
Full Name (Last, First, Middle Initial)
Mailing Address 4070 N Larkspur Rd
City Tucson State AZ Zip Code 85749
FEC ID number of contributing federal political committee. **C**
Name of Employer: Obstetrix Medical Group of Phoenix, P. Occupation: Medical Director NICU
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 03 / 21 / 2014
Transaction ID : A23660F6AB91A4EDFB76
Amount of Each Receipt this Period: 1000.00

B. Richard Franklin MD
Full Name (Last, First, Middle Initial)
Mailing Address 2207 Peninsula Ave
City Shelby State NC Zip Code 28150
FEC ID number of contributing federal political committee. **C**
Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist Assoc
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **255.00**

Date of Receipt: 03 / 31 / 2014
Transaction ID : A9EDB545FA2E84FFF9E3
Amount of Each Receipt this Period: 85.00
Payroll Deduction

C. Charles E Frederick MD
Full Name (Last, First, Middle Initial)
Mailing Address 5 Old Saybrook Drive
City Greensboro State NC Zip Code 27455-2724
FEC ID number of contributing federal political committee. **C**
Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 03 / 14 / 2014
Transaction ID : A7A6BCC2B94C34E549E6
Amount of Each Receipt this Period: 1000.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2085.00**
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 96
	<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. Simon Frisch
Full Name (Last, First, Middle Initial)

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **03 / 14 / 2014**
Transaction ID : AE3397E24037640DD989

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

Payroll Deduction

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

Mailing Address 3816 W Hibiscus Street

City Weston State FL Zip Code 33332

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A66A51A4C9AB24E5BA68

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

Payroll Deduction

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

Mailing Address 1014 Priory Place

City McLean State VA Zip Code 22101

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: **03 / 31 / 2014**
Transaction ID : A4A832C8483154E7E96D

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 31 OF 96
	<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 ▼
208.35

Date of Receipt
03 / 14 / 2014
Transaction ID : A95BF9CF4F7F7418ABEE

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 ▼
250.02

Date of Receipt
03 / 31 / 2014
Transaction ID : A679F214D33BE4D34A71

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 ▼
1041.65

Date of Receipt
03 / 14 / 2014
Transaction ID : A800DA18A5868428BA71

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 32 OF 96
	<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 ▼
 1249.98

Date of Receipt
 03 / 31 / 2014
Transaction ID : ACB411999CEE548549EC
 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 ▼
 300.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : A7FF75E24C4DD463A928
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

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

Date of Receipt
 03 / 05 / 2014
Transaction ID : AFFAD1C492FEE4B1CBA3
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	808.33
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 33 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mario I Gonzalez		Date of Receipt
Mailing Address PO Box 48		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tallahassee	FL	32302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A64909997142C453AAB2
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Div Dir Managed Care	<input type="text" value="50.00"/>
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="250.00"/>	

Full Name (Last, First, Middle Initial) B. Mario I Gonzalez		Date of Receipt
Mailing Address PO Box 48		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Tallahassee	FL	32302
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A5C068BDC5D704D79BFB
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Div Dir Managed Care	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Jennifer Granberry		Date of Receipt
Mailing Address 7700 NW 120th Drive		<input type="text" value="03"/> / <input type="text" value="14"/> / <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"/>	Transaction ID : A297AC67246764B858AB
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	VP Med Coding Ops and IM	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Jennifer 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 ▼ **360.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : ADC7798EA3A2C41DE815

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

Payroll Deduction

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

Mailing Address 6423 Collins Avenue Unit 1405

City Miami Beach State FL Zip Code 33141

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

Name of Employer: American Anesthesiology, Inc. Occupation: Dir ResearchEdu&Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **03 / 05 / 2014**
Transaction ID : AF4E74DD5A7574F5CB87

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

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

Mailing Address 6423 Collins Avenue Unit 1405

City Miami Beach State FL Zip Code 33141

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

Name of Employer: American Anesthesiology, Inc. Occupation: Dir ResearchEdu&Quality

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1100.00**

Date of Receipt: **03 / 14 / 2014**
Transaction ID : AD67CC17B60E6418BAE1

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1160.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 96
	<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. 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 **1200.00**

Date of Receipt **03 / 31 / 2014**
Transaction ID : A4A9A10C586B04DC6BC9
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

B. Samuel W Grossmann
 Full Name (Last, First, Middle Initial)
 Mailing Address 438 Forrest Prk Cir
 City Franklin State TN Zip Code 37064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **561.35**

Date of Receipt **03 / 14 / 2014**
Transaction ID : A67B40FC382BA4A1FB1A
 Amount of Each Receipt this Period **112.27**
 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 **673.62**

Date of Receipt **03 / 31 / 2014**
Transaction ID : A5559453812764658B1A
 Amount of Each Receipt this Period **112.27**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **324.54**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jennifer L Grow MD
Full Name (Last, First, Middle Initial)

Mailing Address 8375 Maxwell Circle NW

City North Canton State OH Zip Code 44720-8174

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

Name of Employer: Pediatrix Medical Group of Ohio Corp. Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 03 / 18 / 2014
Transaction ID : A1B8AE154443847168EA

Amount of Each Receipt this Period: 2000.00

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 ▼ 300.00

Date of Receipt: 03 / 31 / 2014
Transaction ID : A4BBD26E8A41C4CD9B32

Amount of Each Receipt this Period: 100.00

Payroll Deduction

C. Laura S HallKoethe
Full Name (Last, First, Middle Initial)

Mailing Address 7542 Wayside Way

City Delaware State OH Zip Code 43015

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 03 / 14 / 2014
Transaction ID : A3D0ECC53F40A4AFCB5D

Amount of Each Receipt this Period: 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2400.00

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 37 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 200 Chimney Rock

City Houston State TX Zip Code 77024

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **249.99**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : AB31FC470D1154DD99ED

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

Payroll Deduction

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

Mailing Address 2700 Kathwood Court

City Florence State SC Zip Code 29501-1975

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : A2FEAEF45CF30433CB54

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

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 ▼ **1145.85**

Date of Receipt: **03 / 14 / 2014**

Transaction ID : AB1BC89F4FD2546E082E

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **712.50**

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 38 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. William Hawk		Date of Receipt 03 / 31 / 2014 Transaction ID : A27F63CD5C2284B1C8E1
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 229.17
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.02	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Cody Henderson MD		Date of Receipt 03 / 14 / 2014 Transaction ID : AD41E836F200C44FB97F
Mailing Address 8 Ranch Terrace		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Cody Henderson MD		Date of Receipt 03 / 31 / 2014 Transaction ID : A1572B7A4FA724B6EB42
Mailing Address 8 Ranch Terrace		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

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

**SCHEDULE A (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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Michael Holliday MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1829 Tulip St Nw
 City Washington State DC Zip Code 20012
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, P.C. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: **03 / 18 / 2014**
Transaction ID : A8EBD4E7D0A1D4055AE6
 Amount of Each Receipt this Period: **1000.00**

B. 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 **450.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : ADE9343B820004A4C861
 Amount of Each Receipt this Period: **150.00**
 Payroll Deduction

C. Dennis M Jacobs DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 Hendon Row Way
 City Fort Mill State SC Zip Code 29715
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of the Southea Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A91EA4E6413EB4FFE866
 Amount of Each Receipt this Period: **100.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AFE5E5786E12A4B5DB2B

Amount of Each Receipt this Period

75.00

Payroll Deduction

B. Jeffrey M Jekot MD
Full Name (Last, First, Middle Initial)

Mailing Address 3804 Woodcutter's Way

City Austin	State TX	Zip Code 78746-1543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A20F59EF4673A497E86B

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 3511 N 1590 W

City PLeasant Grove	State UT	Zip Code 84062
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A088DEDE1495645D989B

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Shannon L Jenkins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 N 1590 W
 City Pleasant Grove State UT Zip Code 84062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : A0F633A5029BB4E50AA3
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Anand D Kantak MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 656 Highlands
 City Bath State OH Zip Code 44333
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Ohio Corp. Occupation Corporate Medical Directr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 03 / 18 / 2014
Transaction ID : A2E7012A611204AB7A29
 Amount of Each Receipt this Period 2000.00

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 ▼ 653.95

Date of Receipt 03 / 14 / 2014
Transaction ID : ADA40A88EC69241DF903
 Amount of Each Receipt this Period 130.79
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2180.79
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Debra F Kaspar
Full Name (Last, First, Middle Initial)

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer American Anesthesiology, Inc. Occupation Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **784.74**

Date of Receipt **03 / 31 / 2014**

Transaction ID : AB75F6D7235714AD7B15

Amount of Each Receipt this Period **130.79**

Payroll Deduction

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

Mailing Address 3440 NE 15th Avenue

City Oakland Park State FL Zip Code 33334

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A92757B733B3E44DD90C

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 ▼ **1000.00**

Date of Receipt **03 / 14 / 2014**

Transaction ID : A80F26EDCFDE64EC287F

Amount of Each Receipt this Period **200.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **405.79**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 96
	<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 Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1200.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : AEE11CCE34EDC4F45BAC
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

B. Kathleen A Knight
 Full Name (Last, First, Middle Initial)
 Mailing Address 3013 Overton Park Drive E
 City Fort Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Associate General Counsel
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 03 / 05 / 2014
Transaction ID : A87697729A1634DC9B28
 Amount of Each Receipt this Period
 800.00

C. Elizabeth Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2420 Valley Brook Road
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Tennessee, Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 31 / 2014
Transaction ID : A3C6BF59A9FA1435395D
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Eric Kurzweil MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2215 Red Sky Road
 PO Box 307
 City Wolcott State CO Zip Code 81655
 Name of Employer: Pediatrix Cardiology of New Mexico, P.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 03 / 20 / 2014
Transaction ID : A920E1AB28BD34EA2921
 Amount of Each Receipt this Period: 2500.00

B. Tony M Lacaze
 Full Name (Last, First, Middle Initial)
 Mailing Address 4342 Indian Creek Ln
 City Frisco State TX Zip Code 75034
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1041.65

Date of Receipt: 03 / 14 / 2014
Transaction ID : AADFF8335D26548108D0
 Amount of Each Receipt this Period: 208.33
 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
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1249.98

Date of Receipt: 03 / 31 / 2014
Transaction ID : A0EEA1ADCF88847829C4
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2916.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 45 OF 96
	<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. 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 **2725.00**

Date of Receipt: 03 / 14 / 2014
Transaction ID : A2588BF1072174F9BB18
 Amount of Each Receipt this Period: 45.00
 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 **2770.00**

Date of Receipt: 03 / 31 / 2014
Transaction ID : ABF4ED7B8099F419DB34
 Amount of Each Receipt this Period: 45.00
 Payroll Deduction

C. Michael J Lang MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10422 E Windrose Drive
 City Scottsdale State AZ Zip Code 85259-2422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Obstetrix Medical Group of Phoenix, P. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt: 03 / 31 / 2014
Transaction ID : ADA9647F7380F4EA9844
 Amount of Each Receipt this Period: 100.00
 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 46 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A5A49FC211EE3470ABED

Amount of Each Receipt this Period

62.50

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AA003A6E2D65140CE87E

Amount of Each Receipt this Period

62.50

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : ADA59DE1584304FE282D

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	187.50
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 47 OF 96
<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. Eric Leung MD
Full Name (Last, First, Middle Initial)

Mailing Address 1000 1st Avenue
1900

City Seattle State WA Zip Code 98104

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A78AC1F875E7F4263BDC

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 14 / 2014
Transaction ID : A047D09AD6B65440C8F5

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A64AC3A586B084BA4878

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Beverly Gail Lim
Full Name (Last, First, Middle Initial)
Mailing Address 201 NE 4th Street

City Boca Raton	State FL	Zip Code 33432
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A14754C1711884F28AFD

Amount of Each Receipt this Period

400.00

Payroll Deduction

B. William F Liu MD
Full Name (Last, First, Middle Initial)
Mailing Address 9009 Ligon Court

City Fort Myers	State FL	Zip Code 33908
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1075.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A975EFE95B8C648C9833

Amount of Each Receipt this Period

25.00

Payroll Deduction

c. Charles Long MD
Full Name (Last, First, Middle Initial)
Mailing Address 139 South Tryon St Apt 3A
Apt 3A

City Charlotte	State NC	Zip Code 28202
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AD3584FA7723A4843809

Amount of Each Receipt this Period

75.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 96
	<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. 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 Occupation
 Pediatrix Medical Group of Tennessee, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.01

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : ADDD02272A9FD48BFB11
 Amount of Each Receipt this Period
 666.67
 Payroll Deduction

B. Gerald Maccioli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3903 Laurel Manor Ct
 City Raleigh State NC Zip Code 27612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of North Carol 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
 03 / 31 / 2014
Transaction ID : AE5FE10D341554002A50
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

C. Robert Manning
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 NE 8th Avenue
 City Ft Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 14 / 2014
Transaction ID : ACFBFE886C0644B97B21
 Amount of Each Receipt this Period
 45.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	811.67
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 50 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

Mailing Address 430 NE 8th Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **270.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A73EDF256D00D453FB9B

Amount of Each Receipt this Period

45.00

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 ▼ **635.20**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : ADE9D4CECA83E4CA899E

Amount of Each Receipt this Period

127.04

Payroll Deduction

C. 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 ▼ **762.24**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AE4846A12113248719C3

Amount of Each Receipt this Period

127.04

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	299.08
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 96
	<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. 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 ▼ **746.88**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : A181711037C444318A7F

Amount of Each Receipt this Period
186.72

Payroll Deduction

B. 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 ▼ **933.60**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A5CE3DB6CE2DE4A0B960

Amount of Each Receipt this Period
186.72

Payroll Deduction

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

Mailing Address 333 Las Olas Way Apt 3005

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250.01**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A8E054CEA755F4BC58F3

Amount of Each Receipt this Period
416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **790.11**

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

SCHEDULE A (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 96
<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. 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 ▼
1250.01

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A2B570A8C50DA4DBA8E8

Amount of Each Receipt this Period
416.67

Payroll Deduction

B. 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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A36CA4D41F47F4CD2AA5

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. 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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : ABF3C893E5E8249E388B

Amount of Each Receipt this Period
75.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	591.67
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 53 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bahman Mehdizadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25470 Prado De Las Bellotas
 City Calabasas State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of California, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : AEFFFD47EB81D4BF08BA
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

B. Hugh Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7417 N Secret Canyon Drive
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Obstetrix Medical Group of Arizona, P. Medical Director PERI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : A7380203273AB42FE818
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

C. Khawar Mohsini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1635 Linden Place
 City Saginaw State MI Zip Code 48638
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Michigan, P Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 3100.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2014
Transaction ID : A89A0433AAFEE4B39A92
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 54 OF 96
<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. 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 ▼ **475.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A121CC61F76E642168D2

Amount of Each Receipt this Period

95.00

Payroll Deduction

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

Mailing Address 6525 Monument Avenue

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **570.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A90B4DC23EAF8461D891

Amount of Each Receipt this Period

95.00

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 ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A8769C33DE92047E7BB1

Amount of Each Receipt this Period

150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	340.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 96
<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
---------------	-------------	-------------------

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 ▼
1248.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A21C9866AF745468CB3F

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 ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AE9C74E40B0BB4358AD6

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AE1EB244FC7444A7DAF8

Amount of Each Receipt this Period
50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	516.00
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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chien Oh MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A2ACE36AFB5F54E129EF
Mailing Address 10997 E Raintree Drive		Amount of Each Receipt this Period 125.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Phoenix, P.	Occupation Medical Director PERI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Olufemi O Okanlami MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A8DC7F00825764D80905
Mailing Address 51310 Shamrock Hills Dr		Amount of Each Receipt this Period 250.00
City Granger	State IN	Zip Code 46530
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Indiana, P.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

Full Name (Last, First, Middle Initial) C. Alan B Oliver		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : AEBA8B20FAF4E43759D4
Mailing Address 336 Golf View Road 603		Amount of Each Receipt this Period 250.00
City North Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

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 57 OF 96
	<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 ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 14 / 2014

Transaction ID : AA5569F72ED9643FFA90

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 ▼ **360.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A85A31C6E2A4E4994AC3

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 ▼ **450.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 31 / 2014

Transaction ID : A01FA8F3090B04586B9A

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 58 OF 96
	<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 J Palank JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Metropolitan Ave
Unit 403

City Charlotte State NC Zip Code 28204

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A9FC10FE4C14943829A7

Amount of Each Receipt this Period
75.00

Payroll Deduction

B. Michael S Paranka MD
Full Name (Last, First, Middle Initial)

Mailing Address 10126 Summit View Pt

City Highland Ranch State CO Zip Code 80126

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A7CA152FFAB914905A48

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Hanoch Patt MD
Full Name (Last, First, Middle Initial)

Mailing Address 3005 Scenic Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 31 / 2014
Transaction ID : AE1BEE29A22BB4D1EB7C

Amount of Each Receipt this Period
500.00

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 59 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Darren Patz		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : A654595B7F48E448E872
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 208.33
City Miami Shores	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Darren Patz		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A7FF3D33B383644F1A65
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 208.33
City Miami Shores	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Government Affairs
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Joshua Peck		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : A9F8FC92E04DF4AF6892
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 ▼ 250.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	466.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 60 OF 96
<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. Joshua Peck
Full Name (Last, First, Middle Initial)

Mailing Address 313 NE 2nd St
904

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer American Anesthesiology, Inc. Occupation Dir Practice Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A23BF90476FF34892A53

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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

Name of Employer Mednax Services, Inc. Occupation VP Accounting & Finance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
03 / 31 / 2014
Transaction ID : A08485683467E49EC971

Amount of Each Receipt this Period
400.00

Payroll Deduction

C. 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 Pediatrix Medical Group, S.P. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 416.67

Date of Receipt
03 / 31 / 2014
Transaction ID : A34747DD2224E492B80A

Amount of Each Receipt this Period
416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	866.67
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 61 OF 96
	<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. Maria R Pierce MD
Full Name (Last, First, Middle Initial)
Mailing Address 33 W Elm Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1041.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AA9410D119092425CB29

Amount of Each Receipt this Period
208.33

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 Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.98

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AF8957B216EE94792ACB

Amount of Each Receipt this Period
208.33

Payroll Deduction

C. 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 ▼
919.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AADF3F025A93A4AC88BC

Amount of Each Receipt this Period
183.89

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	600.55
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Arnold Poole		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : AC950E9B8F4F84958A5E
Mailing Address 12149 Huske Road		Amount of Each Receipt this Period 183.89
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1103.34	

Full Name (Last, First, Middle Initial) B. Richard Porreco MD		Date of Receipt MM / DD / YYYY 03 / 18 / 2014 Transaction ID : A14E96FD8A79E4F3BB75
Mailing Address 100 Detroit Street 406		Amount of Each Receipt this Period 1000.00
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 PERI
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) C. Mary J Poulson		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : A902D720BE413485E993
Mailing Address 1954 S Parfet Drive		Amount of Each Receipt this Period 50.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	1233.89
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (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 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mary 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 ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A3C38B9A066BD42B3B9B

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 ▼ **500.00**

Date of Receipt **03 / 14 / 2014**

Transaction ID : A1AA7CDB1502F4E1EA76

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 ▼ **600.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : AA03CA6AD5AE9462285B

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 64 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard Powers MD
Full Name (Last, First, Middle Initial)
Mailing Address 110 Gemini Ct
City Los Gatos State CA Zip Code 95032
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group of California, Occupation: Medical Director
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2600.00**

Date of Receipt: 03 / 31 / 2014
Transaction ID : AAE88E57586B74184922
Amount of Each Receipt this Period: 100.00
Payroll Deduction

B. Mark P Preziosi MD
Full Name (Last, First, Middle Initial)
Mailing Address 3144 Legends Circle
City Lakeland State FL Zip Code 33803
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group of Florida, In Occupation: Corp Med Director NICU
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **220.00**

Date of Receipt: 03 / 31 / 2014
Transaction ID : A988B7C25B3F64692A56
Amount of Each Receipt this Period: 85.00
Payroll Deduction

C. Jeanne Proia
Full Name (Last, First, Middle Initial)
Mailing Address 4441 NE 30th Terr
City Lighthouse Pt State FL Zip Code 33064
FEC ID number of contributing federal political committee. **C**
Name of Employer: Mednax Services, Inc. Occupation: Dir Bus Dev Internal
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1250.00**

Date of Receipt: 03 / 14 / 2014
Transaction ID : AF707E8B3F04245E5BC0
Amount of Each Receipt this Period: 50.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **235.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 96
	<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. Jeanne Proia
Full Name (Last, First, Middle Initial)

Mailing Address 4441 NE 30th Terr

City Lighthouse Pt	State FL	Zip Code 33064
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A19F855009FAB49E7B61

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Alison Protain MD
Full Name (Last, First, Middle Initial)

Mailing Address 8105 Saint Rosario Place

City Canfield	State OH	Zip Code 44406
------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Ohio Corp.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	18	/	2014

Transaction ID : A38E7E41690F64898986

Amount of Each Receipt this Period

2000.00

C. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Luberon Drive

City Henderson	State NV	Zip Code 89044
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AB730040CCF3147E2AA4

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)

Mailing Address 2581 Luberon Drive

City Henderson State NV Zip Code 89044

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : AEDB71A29233D4404A7E

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 ▼ **250.00**

Date of Receipt **03 / 14 / 2014**

Transaction ID : A20C0C1D51A8C43D4B44

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 6 Meadowlark Ridge Rd

City Great Falls State MT Zip Code 59405

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

Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **03 / 31 / 2014**

Transaction ID : A0CA6FBBBC9DF4044B2D

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 96
	<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. 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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A9A59D2A367B74E35B56

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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : AE30BB9C036404859A81

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Patrick B Ryan MD
Full Name (Last, First, Middle Initial)

Mailing Address 2909 Camille Drive

City College Station	State TX	Zip Code 77845
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of Texas, Inc.	Occupation Medical Director Anesth
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : A8327EF5BD87248CCBC7

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional).....	400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 68 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Linda Sacks MD		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : ADAA99169D9ED43C29D8
Mailing Address 406 Wheeler Street		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Magella Medical Associates of Georgia,	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Linda Sacks MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A4700912804AA468E8F9
Mailing Address 406 Wheeler Street		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Magella Medical Associates of Georgia,	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) C. David Salama MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A719FBD895CFA4482AD2
Mailing Address 16741 100 Norman Place		Amount of Each Receipt this Period 75.00
City Cornelius	State NC	Zip Code 28031
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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 69 OF 96
<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. 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 ▼ **448.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : ABE35A1490EF845FB9FB

Amount of Each Receipt this Period

89.68

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 ▼ **538.08**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A34474BCC064F47B690C

Amount of Each Receipt this Period

89.68

Payroll Deduction

C. Debra Sansoucie
Full Name (Last, First, Middle Initial)
Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda	State FL	Zip Code 33950
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1062.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A46298F04396D47F1926

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	241.86
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Debra Sansoucie		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : AB46AC32B8B7F49088FD
Mailing Address 3663 Whipoorwill Blvd		Amount of Each Receipt this Period 62.50
City Punta Gorda	State FL	Zip Code 33950
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1125.00	

Full Name (Last, First, Middle Initial) B. Scott Schachinger DO		Date of Receipt MM / DD / YYYY 03 / 18 / 2014 Transaction ID : ADCA28DB4125A4BEE938
Mailing Address 4429 Lakeview Glen Dr		Amount of Each Receipt this Period 2000.00
City Medina	State OH	Zip Code 44256
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatrix Medical Group of Ohio Corp.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) C. Richard A Sidebottom MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : AFDE4A83EF0F24484A70
Mailing Address 1305 Byron Nelson Pkwy		Amount of Each Receipt this Period 100.00
City Southlake	State TX	Zip Code 76092
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 ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	2162.50
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 71 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert M Skarin MD		Date of Receipt
Mailing Address 213 S 28th Avenue		<input type="text" value="03"/> / <input type="text" value="05"/> / <input type="text" value="2014"/>
City	State	Zip Code
Yakima	WA	98902
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A470712BA9F0C43AC9B9
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Washington,	Medical Director NICU	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<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. Kim G Smith MD		Date of Receipt
Mailing Address 3050 FM 1799		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mineola	TX	75773-4076
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD4973EEBE129402BBA8
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Brenda Sommer		Date of Receipt
Mailing Address 4871 Acorn Street		<input type="text" value="03"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boca Raton	FL	33487
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ADD5795F6E26E4B60A2D
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Clin MgrChart Abstractor	<input type="text" value="62.39"/>
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="266.21"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="662.39"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 96
	<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. Brenda Sommer
Full Name (Last, First, Middle Initial)

Mailing Address 4871 Acorn Street

City	State	Zip Code
Boca Raton	FL	33487

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **328.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A4D01B882DBF64AFBB05

Amount of Each Receipt this Period

62.39

Payroll Deduction

B. Tanya K Sorensen MD
Full Name (Last, First, Middle Initial)

Mailing Address 4557 52 Ave Ne

City	State	Zip Code
Seattle	WA	98105

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

Name of Employer	Occupation
Obstetrix Medical Group of Washington,	Perinatologist

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
03	/	31	/	2014

Transaction ID : A8A04587C09734C14838

Amount of Each Receipt this Period

600.00

Payroll Deduction

C. Michael D Stanley MD
Full Name (Last, First, Middle Initial)

Mailing Address 411 North New River Drive East
1901

City	State	Zip Code
Ft Lauderdale	FL	33301

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	President PMG

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	05	/	2014

Transaction ID : AA65F896248B0494CAE2

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional).....▶	5662.39
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 96
<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. 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 ▼ **375.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A27CECD0E150D4CC59E1

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

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 ▼ **425.00**

Date of Receipt: **03 / 14 / 2014**
Transaction ID : AE42ADD324495403FA01

Amount of Each Receipt this Period: **85.00**

Payroll Deduction

C. Julia L Stones
Full Name (Last, First, Middle Initial)

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A553A0258E44340259B7

Amount of Each Receipt this Period: **85.00**

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 74 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Terrence J Sweeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 17th Avenue East
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Washington, Medical Director NICU
 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
 03 / 31 / 2014
Transaction ID : AE7DAB6B122AD4F4F997
 Amount of Each Receipt this Period
 140.00
 Payroll Deduction

B. James D Swift MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1435 Brickell Avenue Unit 52D
 City Miami State FL Zip Code 33131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. Chief Dev Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 18 / 2014
Transaction ID : AAFDF50D48F264381BE2
 Amount of Each Receipt this Period
 5000.00

C. Bannie Lee Tabor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Still Meadow Drive
 City Ft Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director PERI
 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
 03 / 31 / 2014
Transaction ID : AFFECBA6CE6AA4DAFBA
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5340.00
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 96
	<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. B Keith Taylor MD		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : AA2E045D831D14D678B9
Mailing Address 108 Linden Avenue		Amount of Each Receipt this Period 100.00
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: <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. Harris Thompson		Date of Receipt MM / DD / YYYY 03 / 14 / 2014 Transaction ID : A728775E8DC7B4E78979
Mailing Address 7643 NW 122nd Drive		Amount of Each Receipt this Period 166.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 830.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Harris Thompson		Date of Receipt MM / DD / YYYY 03 / 31 / 2014 Transaction ID : A95EBE5C2BDD9430D9C7
Mailing Address 7643 NW 122nd Drive		Amount of Each Receipt this Period 166.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 996.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	432.00
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 76 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Scott 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 ▼ **681.81**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : A9905E4EAAC3B4CB5999

Amount of Each Receipt this Period: **227.27**

Payroll Deduction

B. Joe Toney MD
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : A837F1667CA2C45C1903

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

Payroll Deduction

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

Mailing Address 5450 Autumn Court

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1875.00**

Date of Receipt: **03 / 31 / 2014**

Transaction ID : A11E67AD3E2344875BE5

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **552.27**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 77 OF 96
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Robert M Treadway MD
Full Name (Last, First, Middle Initial)

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2014
Transaction ID : A74D7CC2DCFB145E6ABI

Amount of Each Receipt this Period 100.00

Payroll Deduction

B. Wendy Troyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1274 Redfield Ridge

City Atlanta State GA Zip Code 30338

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

Name of Employer Neonatology Associates of Atlanta, P.C Occupation Corporate Medical Directr

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2014
Transaction ID : A0600AD1B5CCE4CE18A0

Amount of Each Receipt this Period 200.00

Payroll Deduction

C. 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 ▼ 1250.01

Date of Receipt 03 / 31 / 2014
Transaction ID : A5375EFA921454C7699E

Amount of Each Receipt this Period 416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 716.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 96
<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. 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 ▼
208.33

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AB35FCA51A9E54C6180B

Amount of Each Receipt this Period
208.33

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 ▼
416.66

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A3C2B1699B5074371BF3

Amount of Each Receipt this Period
208.33

Payroll Deduction

C. 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 Pediatrix Medical Group of Florida, In	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A4F4F7A112D46422395B

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	516.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 8268 Rosalie Lane

City Wellington State FL Zip Code 33414

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

Name of Employer Mednax Services, Inc. Occupation VP Technical Svcs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 03 / 24 / 2014
Transaction ID : A5CACAE3BA9824C9F944

Amount of Each Receipt this Period 500.00

B. Martin P Walker MD
Full Name (Last, First, Middle Initial)

Mailing Address 7960 Simonds Road NE

City Kenmore State WA Zip Code 98028

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

Name of Employer Obstetrix Medical Group of Washington, Occupation Practice Med DirPERI

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 31 / 2014
Transaction ID : A056A50F961874A0196D

Amount of Each Receipt this Period 125.00

Payroll Deduction

C. Marshall W Walker MD
Full Name (Last, First, Middle Initial)

Mailing Address 73 Rock Creek Drive

City Greenville State SC Zip Code 29605

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

Name of Employer Pediatrix Medical Group of South Carol Occupation Medical Director NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 03 / 31 / 2014
Transaction ID : AC91999298A06490AAF9

Amount of Each Receipt this Period 250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 875.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Mary Wearden MD
Full Name (Last, First, Middle Initial)

Mailing Address 22535 Lynridge

City San Antonio	State TX	Zip Code 78258
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AED9876F0FC2149539E4

Amount of Each Receipt this Period
200.00

Payroll Deduction

B. Mary Wearden MD
Full Name (Last, First, Middle Initial)

Mailing Address 22535 Lynridge

City San Antonio	State TX	Zip Code 78258
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A9E38764EDA8646C88FB

Amount of Each Receipt this Period
200.00

Payroll Deduction

c. 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 ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A7FD97AFF171D4E2AAC6

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 81 OF 96
<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. 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : A85CBF48DD9F04FF5B10

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. 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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A898FC4F45D394355AE9

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv
Blv

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : AB15C806EBD9847B1AB4

Amount of Each Receipt this Period

125.00

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 82 OF 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Bonnie Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv
Blv

City Fort Lauderdale State FL Zip Code 33316

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : ADACAAA028D9C4A168E1

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

Payroll Deduction

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

Mailing Address 908 Symphony Circle SW

City Vienna State VA Zip Code 22180

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : A99BC1DBE4B704FC48A5

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

Payroll Deduction

c. 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 ▼ **600.00**

Date of Receipt: **03 / 31 / 2014**
Transaction ID : AF96359ACEA1B48CE806

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

Payroll Deduction

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

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

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

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

FOR LINE NUMBER: PAGE 83 OF 96
(check only one)

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

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

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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2014

Transaction ID : A541F20B4522C4907A54

Amount of Each Receipt this Period

250.00

Payroll Deduction

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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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

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SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	71183.09

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 96
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. 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 ▼ 328.62

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 10 / 2014
Transaction ID : A807828E54D664AAAA77
 Amount of Each Receipt this Period
 43.29
 Reimbursement for February bank fees

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	43.29
TOTAL This Period (last page this line number only).....▶	43.29

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

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

FOR LINE NUMBER: PAGE 85 OF 96
(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. Steve Dickerson for State Senate

Mailing Address PO Box 120931

City Nashville State TN Zip Code 37212-0931

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 05 / 2014

Transaction ID : A5FF3C4F5A42449BB946

Amount of Each Receipt this Period
 2000.00

Refund of 10/24/13 contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	17	/	2014

Transaction ID : B6CDD54399E6F49AAB80

Amount of Each Disbursement this Period

168.66

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

168.66

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 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. BERA FOR CONGRESS

Mailing Address POST OFFICE BOX 582496

City State Zip Code
ELK GROVE CA 95758

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Ami Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : **BC8C3B01C0A5D4F6CBBC**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Bill Cassidy for US Senate

Mailing Address PO BOX 80505

City State Zip Code
Baton Rouge LA 70898-0505

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name

Rep. Bill Cassidy

Office Sought: House
 Senate
 President
State: LA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 11 / 2014

Transaction ID : **B620E9EA2CF064EAFB68**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. BLUMENAUER FOR CONGRESS

Mailing Address 830 NE HOLLADAY, #105

City State Zip Code
PORTLAND OR 97232

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Earl Blumenauer

Office Sought: House
 Senate
 President
State: OR District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : **BFAC0256C1B154854A76**

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

**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. BOBBY FOR MICHIGAN

Mailing Address PO BOX 87503

City State Zip Code
CANTON MI 48187

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Robert Lawrence Mckenzie

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 11

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	5		2	0	1	4

Transaction ID : B005AA8C717C84775B23

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City State Zip Code
Concord NH 03301-4334

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name
Sen. Jeanne Shaheen

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	4

Transaction ID : B3DD19B10B15B4F2A984

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City State Zip Code
Concord NH 03301-4334

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Sen. Jeanne Shaheen

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	1		2	0	1	4

Transaction ID : BC565ECD43EA74E8EA4F

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Sen. Mark R. Warner

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

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : **BFA09E6DA6D284A3EAE7**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF VAL ARKOOSH

Mailing Address P.O. BOX 1011

City GLENSIDE State PA Zip Code 19038

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Valerie Ann Arkoosh

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

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2014

Transaction ID : **B2BD23A3C836449348E8**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. GENE GREEN CONGRESSIONAL CAMPAIGN

Mailing Address PO BOX 16128

City HOUSTON State TX Zip Code 77222

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 29

Date of Disbursement

MM / DD / YYYY
03 / 11 / 2014

Transaction ID : **BBFC207CA1DF14502853**

Amount of Each Disbursement this Period

2500.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HOLDING ONTO OREGON'S PRIORITIES

Mailing Address PO BOX 3314

City PORTLAND State OR Zip Code 97208

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
03 / 12 / 2014

Transaction ID : BDCF2309E11FA41D88DC

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Impact

Mailing Address 509 Madison Ave
Suite 1902

City New York State NY Zip Code 10022

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
03 / 11 / 2014

Transaction ID : BC382E8FCFF83414A8BC

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Joe Garcia For Congress

Mailing Address 210 MENDOZA AVE

City Coral Gables State FL Zip Code 33134-3941

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name

Rep. Joe Garcia

Office Sought: House
 Senate
 President
State: FL District: 26

Disbursement For: 2014
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2014

Transaction ID : B5A6ADE75CF904653AD5

Amount of Each Disbursement this Period

5000.00

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

12500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Mailing Address 205 5TH AVENUE SOUTH

Transaction ID : B7F3176CBD5FE4B2F86C

City LA CROSSE State WI Zip Code 54601

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- General 2014

Category/ Type

Candidate Name

Rep. Ron J. Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Mailing Address 205 5TH AVENUE SOUTH

Transaction ID : B52211215C1AA4684B17

City LA CROSSE State WI Zip Code 54601

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Political Contribution- Primary 2014

Category/ Type

Candidate Name

Rep. Ron J. Kind

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: WI District: 03

Full Name (Last, First, Middle Initial)

C. MIKE THOMPSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		11		2014

Mailing Address 5429 MADISON AVENUE

Transaction ID : BDFAB463DF59F4FEDAA4

City SACRAMENTO State CA Zip Code 95841

Amount of Each Disbursement this Period

5000.00

Purpose of Disbursement
Political Contribution- Primary 2014

Category/ Type

Candidate Name

Rep. Mike Thompson

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 05

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Searchlight Leadership Fund

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			06			2014			

Mailing Address 607 14th Street, N.W.
Suite 800

Transaction ID : B5C1A688061AC46EE900

City Washington State DC Zip Code 20005

Amount of Each Disbursement this Period

5,000.00

Purpose of Disbursement
Political Contribution- 2014

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

Full Name (Last, First, Middle Initial)

B. UDALL FOR COLORADO

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			11			2014			

Mailing Address PO BOX 40158

Transaction ID : B57D6825BE563454C980

City DENVER State CO Zip Code 80204

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement
Political Contribution- General 2014

Category/ Type

Candidate Name

Sen. Mark E. Udall
Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. UDALL FOR COLORADO

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
03			11			2014			

Mailing Address PO BOX 40158

Transaction ID : BC2A67B2BEC584E459CB

City DENVER State CO Zip Code 80204

Amount of Each Disbursement this Period

2,500.00

Purpose of Disbursement
Political Contribution- Primary 2014

Category/ Type

Candidate Name

Sen. Mark E. Udall
Office Sought: House
 Senate
 President
State: CO District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

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

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

10000.00

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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. WYDEN FOR SENATE

Mailing Address 232 NE 9TH AVENUE

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement
Political Contribution- Primary 2016

Candidate Name
Sen. Ron Wyden

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
03 / 12 / 2014

Transaction ID : B1A839163CD2F48E1851

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2500.00

64500.00

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 checked="" 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. Fortunato PerezBenavides MD

Mailing Address 306 Vicksburg Ave

City Lubbock State TX Zip Code 79416-3105

Purpose of Disbursement
Refund of Excessive Contribution 2/28/14

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	04	/	2014

Transaction ID : B37F177DAE10F46C6ACC

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

250.00

250.00

**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. Dr. Richard Pan for Senate 2014

Mailing Address 915 L Street
Suite C415

City Sacramento State CA Zip Code 95814-3700

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
03 / 31 / 2014

Transaction ID : B5DDC15F84B344D77945

Amount of Each Disbursement this Period

4100.00

Full Name (Last, First, Middle Initial)

B. Dr. Shirley Weber for Assembly 2014

Mailing Address 810 Los Vallecitos Blvd.
Suite 211

City San Marcos State CA Zip Code 92069-1450

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
03 / 12 / 2014

Transaction ID : BFCF16176E8D147B8BDA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Friends of Bob Deuell

Mailing Address PO Box 8609

City Greenville State TX Zip Code 75404-8609

Purpose of Disbursement
VOID - Political Contribution- Primary 2014 original 12/5/13

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
03 / 05 / 2014

Transaction ID : B32498F0D272E4254BD3

Amount of Each Disbursement this Period

-5000.00

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

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

1600.00

1600.00