

**SCHEDULE A (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 84
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<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. Jack Jacob MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3300 North Shore Dr  
 City Anchorage State AK Zip Code 99502  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Neonatology Associates, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt **03 / 16 / 2012**  
**Transaction ID : A01A3055AA3194DA9900**  
 Amount of Each Receipt this Period **1000.00**

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

Date of Receipt **03 / 30 / 2012**  
**Transaction ID : A0AF6D8D348CD489D876**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

**C. Robert V Jarrett DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5851 Holmberg Rd Unit 3211  
 City Parkland State FL Zip Code 33067  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation VP Medical Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **5000.00**

Date of Receipt **03 / 15 / 2012**  
**Transaction ID : A313AA4EAAB9444C7BAD**  
 Amount of Each Receipt this Period **5000.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **6100.00**  
**TOTAL** This Period (last page this line number only).....