

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="610519.87"/>	<input type="text" value="610519.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="587958.94"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="368938.13"/>	<input type="text" value="420572.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="956897.07"/>	<input type="text" value="1031092.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="90543.29"/>	<input type="text" value="164738.28"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="866353.78"/>	<input type="text" value="866353.78"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

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).....	353419.83	385978.14
(ii) Unitemized	15473.31	34308.72
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	368893.14	420286.86
(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)	368893.14	420286.86
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).....	44.99	285.33
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
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))..... ▶	368938.13	420572.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	368938.13	420572.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	43.29	238.28
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.29	238.28
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	26000.00	95000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	64500.00	69500.00
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)) ..	90543.29	164738.28
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	90543.29	164738.28

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)	368893.14	420286.86
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	368893.14	420286.86
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	43.29	238.28
37. Offsets to Operating Expenditures (from Line 15, page 3).....	44.99	285.33
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-1.70	-47.05

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

Form/Schedule: F3XN
Transaction ID :

The \$250 excessive contribution on page 74, Line 11(a)(i), from Fortunato PerezBenavides was refunded. The refund will be disclosed on the April Monthly FEC Report.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Amy Adelberg MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 131 Summit Blvd
 City Cherry Hills Village State CO Zip Code 80113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Colorado, P Occupation Perinatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : A63063213B1D54ED6BD7
 Amount of Each Receipt this Period **600.00**
 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 **2700.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : AD2A4EF7F82604D3AA39
 Amount of Each Receipt this Period **2600.00**
 Payroll Deduction

c. Remedios C Agrawal MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Carriage Hills
 City San Antonio State TX Zip Code 78257-1204
 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 **300.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : A8CD8877254F4479E9D0
 Amount of Each Receipt this Period **300.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3500.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Shannon S Allen		Date of Receipt
Mailing Address 10200 Waters Dr		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Irving	TX	75063
FEC ID number of contributing federal political committee.		Transaction ID : A87AB9DCEBCA24946B31
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="51.72"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	Dir IS Clinic Systems	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="206.87"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Roman D Alvarez MD		Date of Receipt
Mailing Address 1145 Rim Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
El Paso	TX	79902-2741
FEC ID number of contributing federal political committee.		Transaction ID : ADE79433952E94E32880
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Dominic J Andreano		Date of Receipt
Mailing Address 1720 SW 131st Terrace		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Davie	FL	33325
FEC ID number of contributing federal political committee.		Transaction ID : A0799C75B84CB4872A31
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Payroll Deduction
Mednax Services, Inc.	SVP and Gen'l Counsel	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5301.72"/>
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 9 OF 122
	<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. Dominic J Andreano
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 SW 131st Terrace
 City Davie State FL Zip Code 33325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AF6FADD16A30940B4A0E
 Amount of Each Receipt this Period 250.00
 Payroll Deduction

B. Pratibha Ankola MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 35 Sprain Valley Rd # B12
 City Scarsdale State NY Zip Code 10583
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group Neonatology an Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A61BDD08EC8414454A2D
 Amount of Each Receipt this Period 4800.00
 Payroll Deduction

C. Martin Anyebuno MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5722 Moccasin Run
 City Rockford State IL Zip Code 61109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Illinois, P Occupation Corporate Medical Directr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A8FE7FA03DCB2475CA60
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 122
	<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. J Michael Armand MD
Full Name (Last, First, Middle Initial)

Mailing Address 1435 Natchez Way

City Grayson State GA Zip Code 30017-1070

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : **A3AE79B1EAE5A4B9F968**

Amount of Each Receipt this Period: **650.00**

Payroll Deduction

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

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **326.70**

Date of Receipt: **02 / 14 / 2014**
Transaction ID : **A7ADCE2F29EC346C3944**

Amount of Each Receipt this Period: **108.90**

Payroll Deduction

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

Mailing Address 3927 Lawson Blvd

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **435.60**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : **AE3B4931E87A24B50BA8**

Amount of Each Receipt this Period: **108.90**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	867.80
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 355 Prima Vera Cove

City Altamonte Springs	State FL	Zip Code 32714
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Florida, In	Occupation Corporate Medical Directr
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AF0BB503648C048249E6

Amount of Each Receipt this Period
5000.00

Payroll Deduction

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

Mailing Address 4320 53 Ave Ne

City Seattle	State WA	Zip Code 98105
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Washington,	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AE2C2DDEEA7E446DF9C6

Amount of Each Receipt this Period
600.00

Payroll Deduction

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

Mailing Address 2257 Haversham Close

City Virginia Beach	State VA	Zip Code 23454
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AA0F07DE53F0244098DB

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	10600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 122
	<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. Jose Balderrama
Full Name (Last, First, Middle Initial)

Mailing Address 6365 Modesta Rd

City El Paso	State TX	Zip Code 79932
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : AB0F61689488245A1AE5

Amount of Each Receipt this Period
5000.00

Payroll Deduction

B. John L Bankston MD
Full Name (Last, First, Middle Initial)

Mailing Address 111 Pembroke Dr

City Palm Beach Gardens	State FL	Zip Code 33418
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Florida, In	Occupation Neonatologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A985078DC08ED4A2C824

Amount of Each Receipt this Period
150.00

Payroll Deduction

C. Elizabeth R Barbour
Full Name (Last, First, Middle Initial)

Mailing Address 3205 El Morro Rd

City El Paso	State TX	Zip Code 79904
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A09A2BA7EB2EA47C8960

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	10150.00
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 122
	<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. James A Bartelsmeyer MD		Date of Receipt
Mailing Address 2283 Talon Ct		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code St Albans MO 63073		Transaction ID : A0FB721B6187041A799A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="600.00"/>
Name of Employer Pediatrix Medical Group of Missouri, P	Occupation Perinatologist	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"/>	

Full Name (Last, First, Middle Initial) B. Isabel BasalduPrado MD		Date of Receipt
Mailing Address 9418 Highlands Cove		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City State Zip Code Boerne TX 78006		Transaction ID : A3295C91BB7F248F1B99
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Adel W Bassali MD		Date of Receipt
Mailing Address 6427 Lake Meadow Drive		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2014"/>
City State Zip Code Burke VA 22015		Transaction ID : A6EBC488810B14894A7A
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 American Anesthesiology of Virginia, P	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5850.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Michael 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 ▼ **750.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2014

Transaction ID : A89092EC3149B4399B37

Amount of Each Receipt this Period
250.00

Payroll Deduction

B. 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 ▼ **1000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A897A1B82606343C2BEC

Amount of Each Receipt this Period
250.00

Payroll Deduction

C. Bijan Bavarian MD
Full Name (Last, First, Middle Initial)

Mailing Address 4020 GALT OCEAN DRIVE
APARTMENT 1103

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

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

Name of Employer American Anesthesiology of Florida, In	Occupation Anesthesiologist Assoc
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : AA7B21F2DA52241069C3

Amount of Each Receipt this Period
600.00

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 15 OF 122
	<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. 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 Occupation
 Pediatrix Medical Group of Louisiana, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A753E32F6C267414BBB9
 Amount of Each Receipt this Period 150.00
 Payroll Deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A622BC4507C45450DB57
 Amount of Each Receipt this Period 2500.00
 Payroll Deduction

C. James Berger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1802 Mohawk Lane
 City Ogden State UT Zip Code 84403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 24 / 2014
Transaction ID : AD2442B5DA7FB4F039B8
 Amount of Each Receipt this Period 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7650.00
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 122
<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. Anju Bhatia MD
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Matterhorn Ct

City Milpitas	State CA	Zip Code 95035
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of California,	Occupation Med Dir Ped Hosp
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A5D0CD68261BA41A6B91

Amount of Each Receipt this Period

300.00

Payroll Deduction

B. Barry T Bloom MD
Full Name (Last, First, Middle Initial)
Mailing Address 550 N Hillside

City Wichita	State KS	Zip Code 67214
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AAA9FCC4C6C6646E3862

Amount of Each Receipt this Period

5000.00

Payroll Deduction

C. Joseph L Brady JRMD
Full Name (Last, First, Middle Initial)
Mailing Address 320 West 9th St

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

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

Name of Employer Pediatrix Medical Group of North Carol	Occupation Corporate Medical Directr
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A5BB2180678584CFEBEF

Amount of Each Receipt this Period

1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	6300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 122
	<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. Benjamin Brann MD
Full Name (Last, First, Middle Initial)

Mailing Address 3506 Orchid Court

City Arlington State TX Zip Code 76016

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 ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A27F1C7D1429C49A1B67

Amount of Each Receipt this Period: 300.00

Payroll Deduction

B. 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 ▼ 300.00

Date of Receipt: 02 / 14 / 2014
Transaction ID : AF6328C6497124A7B8C3

Amount of Each Receipt this Period: 100.00

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 ▼ 400.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : AE795D65028AE4C69A78

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 18 OF 122
	<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. Howard Brenker MD

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 Occupation
Pediatrix Medical Group of Florida, In Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A28E589866BA24FE09A7

Amount of Each Receipt this Period
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Jay Brenner MD

Mailing Address 16317 Wilsoncreek Ct

City Chesterfield State MO Zip Code 63005

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

Name of Employer Occupation
Pediatrix Medical Group of Missouri, P Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AC09FF11494724C58B3E

Amount of Each Receipt this Period
1500.00

Payroll Deduction

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

Mailing Address 12717 W Sunrise Blvd
256

City Sunrise State FL Zip Code 33323

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt
02 / 28 / 2014
Transaction ID : A41B03169288145E2A94

Amount of Each Receipt this Period
416.66

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 2016.66

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 19 OF 122
	<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. Basharat Buchh MD
Full Name (Last, First, Middle Initial)

Mailing Address 51363 Harbor Ridge DR

City Granger	State IN	Zip Code 46530
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

Transaction ID : A4A02DEE3234C47A4A87

Amount of Each Receipt this Period
500.00

B. Janusz Burzynski MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 Squire Hill Road

City Longwood	State FL	Zip Code 32779
------------------	-------------	-------------------

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

Name of Employer PMG Cardiology, Inc.	Occupation Corp Med Dir Cardi
--	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : AFB55AD4C81F043BAA2D

Amount of Each Receipt this Period
500.00

C. Joseph M Calabro
Full Name (Last, First, Middle Initial)

Mailing Address 1402 SE 2nd St

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

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

Name of Employer Mednax Services, Inc.	Occupation President And COO
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A8FF42AA5F1B04C769E3

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 122
<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. Nicomedes Camacho
Full Name (Last, First, Middle Initial)

Mailing Address 35 Havenwood

City Irvine State CA Zip Code 92614

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Director of Operations15

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3500.00

Date of Receipt: 02 / 05 / 2014
Transaction ID : AEF04D3BE548747DE92D

Amount of Each Receipt this Period: 3500.00

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 ▼ 240.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A0AB21674F9EB47289AC

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 ▼ 400.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A0CA310DB058C4D0A90D

Amount of Each Receipt this Period: 200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 3760.00

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 122
	<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. Waldemar A. Carlo
Full Name (Last, First, Middle Initial)

Mailing Address 1720 Indian Creek Dr

City Vestavia State AL Zip Code 35243-1700

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

Name of Employer Mednax, Inc. Occupation Director, Mednax, Inc. Board O

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 10 / 2014
Transaction ID : A19A510CEC57643ECA60

Amount of Each Receipt this Period 5000.00

B. Corey M Carpenter MD
Full Name (Last, First, Middle Initial)

Mailing Address 845 Secret Garden Drive

City Chattanooga State TN Zip Code 37421

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

Name of Employer American Anesthesiology of Tennessee Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 14 / 2014
Transaction ID : A81922B7001914884B86

Amount of Each Receipt this Period 250.00

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

Mailing Address 1505 First South Apt 401

City Jacksonville State FL Zip Code 32250

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AD9B9822DC8BC4667B03

Amount of Each Receipt this Period 125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5375.00

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 122
<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. Myrna Chavarria MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A5DE4CE15EE3D47C18BF
Mailing Address 1504 Camino Alto		Amount of Each Receipt this Period 5000.00
City El Paso	State TX	Zip Code 79902
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 ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Gerald G Cherayil MD		Date of Receipt MM / DD / YYYY 02 / 02 / 2014 Transaction ID : A3B80C3C1FF9D483B984
Mailing Address 27514 Paddock Trail Place		Amount of Each Receipt this Period 250.00
City Chantilly	State VA	Zip Code 20152
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer American Anesthesiology of Virginia, P	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. David A Clark		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A12567584760D4E5C821
Mailing Address 7489 Nw 117th Lane		Amount of Each Receipt this Period 5000.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Div COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	10250.00
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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial)
A. Reese H Clark MD

Mailing Address 11539 NW 72nd Place

City Parkland State FL Zip Code 33076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : ABB9A4011609047AC913

Amount of Each Receipt this Period: **2500.00**

Payroll Deduction

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

Mailing Address 11 Island Avenue Apt 1405 Apt 1405

City Miami Beach State FL Zip Code 33139

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

Name of Employer: **American Anesthesiology, Inc.** Occupation: **Dir Finance**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : ADF1494C10FB84DBDAE9

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

Payroll Deduction

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

Mailing Address 4301 Willow Ridge Drive

City Weston State FL Zip Code 33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : A1F9112457ED64EC3B30

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	3560.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Benton Cofer MD		Date of Receipt
Mailing Address 51 Appian Circle		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Simpsonville	SC	29681
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AAB55B79D0CEA4EE4AAI
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of South Carol	Neonatologist	<input type="text" value="1500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Brian D Cohen MD		Date of Receipt
Mailing Address 2350 NE 8th Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fort Lauderdale	FL	33304
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7E2BE8EFAE2A42D9830
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Florida, In	Anesthesiologist Assoc	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Cameron Cole MD		Date of Receipt
Mailing Address 8239 New Cut Rd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Campo Bello	SC	29322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2BAB6C5BCAA143C8824
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of South Carol	Medical Director NICU	<input type="text" value="125.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1925.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 122
	<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. Jose Colindres MD
Full Name (Last, First, Middle Initial)

Mailing Address 16775 NW 20 Street

City State Zip Code
Pembroke Pines FL 33028

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A2EC642F4E7654D7F84F

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

Mailing Address 10468 Laurel Road

City State Zip Code
Davie FL 33328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AED7C49CCC398489B93A

Amount of Each Receipt this Period
500.00

Payroll Deduction

C. C Andrew Combs MD
Full Name (Last, First, Middle Initial)

Mailing Address 2059 Camden Avenue 328

City State Zip Code
San Jose CA 95124

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

Name of Employer Occupation
Obstetrix Medical Group of California, Perinatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A68F3E469ED8E4AF59B9

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5750.00

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 122
	<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. Alan J Cordover MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9063 NW 60th Street
 City Parkland State FL Zip Code 33067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Florida, In Occupation Medical Director Anesth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A9B2819B151554A8EB2A
 Amount of Each Receipt this Period 300.00
 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 ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A7E326F54787B457EB26
 Amount of Each Receipt this Period 125.00
 Payroll Deduction

C. 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 ▼ 641.34

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AEE0DA7F9DF4B486FA2A
 Amount of Each Receipt this Period 320.67
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	745.67
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 122
	<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. Eric Demers MD
Full Name (Last, First, Middle Initial)

Mailing Address 3003 NE 160th Street

City Lake Forest Park State WA Zip Code 98155

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

Name of Employer Occupation
Pediatrix Medical Group of Washington, Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AD8CC24E607894F11A98

Amount of Each Receipt this Period
1000.00

Payroll Deduction

B. 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 Occupation
Mednax Services, Inc. VP Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
624.99

Date of Receipt
02 / 14 / 2014
Transaction ID : A227DDC87C5264C8983A

Amount of Each Receipt this Period
208.33

Payroll Deduction

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.32

Date of Receipt
02 / 28 / 2014
Transaction ID : A8CC9840037134ADAA21

Amount of Each Receipt this Period
208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1416.66
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 122
	<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. Susan J Dewitt Prater MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3814 Breezeway Dr
 City Seabrook State TX Zip Code 77586
 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 ▼
 300.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : A8A80D1CB1F1D435B871
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

B. Leona Douglas
 Full Name (Last, First, Middle Initial)
 Mailing Address 7081 Morningside Court
 City Brentwood State TN Zip Code 37027
 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 ▼
 1500.00

Date of Receipt
 02 / 10 / 2014
Transaction ID : A38BD5CD080FC44809EB
 Amount of Each Receipt this Period
 1500.00

C. David Edmonds MD
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 82070
 City Las Vegas State NV Zip Code 89180-2070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pokroy Medical Group of Nevada, Ltd. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 06 / 2014
Transaction ID : A4C339FC601EC42CB813
 Amount of Each Receipt this Period
 300.00

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 29 OF 122
	<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. Daniel P Eller		Date of Receipt
Mailing Address 8231 Nesbit Ferry Road		M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2014
City	State	Zip Code
Sandy Springs	GA	30350
FEC ID number of contributing federal political committee. C		Transaction ID : AD8ED2D786E78460AB83
Name of Employer Pediatrix Medical Group of Georgia, P.		Amount of Each Receipt this Period
Occupation Corp Med Director PERI		125.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼		
250.00		

Full Name (Last, First, Middle Initial) B. Melinda Elliott MD		Date of Receipt
Mailing Address 11984 Long Lake DR		M M M / D D D / Y Y Y Y Y Y 02 / 07 / 2014
City	State	Zip Code
Reisterstown	MD	21136
FEC ID number of contributing federal political committee. C		Transaction ID : A44444E0D3B1F4F0FB55
Name of Employer Pediatrix of Maryland, P.A.		Amount of Each Receipt this Period
Occupation Neonatologist		1000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼		
1000.00		

Full Name (Last, First, Middle Initial) C. Dan L Ellsbury MD		Date of Receipt
Mailing Address 429 Se 64th St		M M M / D D D / Y Y Y Y Y Y 02 / 28 / 2014
City	State	Zip Code
Pleasant Hill	IA	50327
FEC ID number of contributing federal political committee. C		Transaction ID : AD8A4CD2D10C945A0AB8
Name of Employer Magella Medical Associates Midwest, P.		Amount of Each Receipt this Period
Occupation Neonatologist		300.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼		
300.00		

SUBTOTAL of Receipts This Page (optional).....▶	1425.00
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 122
<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. Claire M Fair
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021

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

Name of Employer Mednax Services, Inc. Occupation VP Human Resources

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A79914B633ED94AD2A18

Amount of Each Receipt this Period 5000.00

Payroll Deduction

B. Alan Fishman MD
Full Name (Last, First, Middle Initial)

Mailing Address 108 Los Gatos Blvd

City Los Gatos State CA Zip Code 95030

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AC30420E1CEBD4633917

Amount of Each Receipt this Period 5000.00

Payroll Deduction

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

Mailing Address 5722 Avery Park Dr

City Rockville State MD Zip Code 20855

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AA5FFD19D1D184659B78

Amount of Each Receipt this Period 500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 10500.00

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 122
	<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. Cherie D Foster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1909 West Richardson Place
 Unit 1906
 City Tampa State FL Zip Code 33606
 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 ▼ 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A6991F08BA1734E26826
 Amount of Each Receipt this Period
 2500.00
 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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : A4FD7A780038A4647A04
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

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

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A2B4C755CB01542EA853
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2700.00
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 32 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Amanda M Froment MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Windspring Ct
 City Cary State NC Zip Code 27518
 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 **02 / 28 / 2014**
Transaction ID : A43CEA848D5744FD7984
 Amount of Each Receipt this Period **300.00**
 Payroll Deduction

B. Paul Gabos
 Full Name (Last, First, Middle Initial)
 Mailing Address 7742 Still Lakes Dr
 City Odessa State FL Zip Code 33556-2260
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Inc. Occupation Mednax Board Of Directors
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt **02 / 07 / 2014**
Transaction ID : AF5C4F6232D8F4FE6B5B
 Amount of Each Receipt this Period **5000.00**
 Payroll Deduction

c. 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 Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **624.99**

Date of Receipt **02 / 14 / 2014**
Transaction ID : A43CF5C6D4A4A4BDDBE
 Amount of Each Receipt this Period **208.33**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **5508.33**
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 122
<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. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE83C61DDD5EF447ABFC
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="208.33"/>
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="833.32"/>	

Full Name (Last, First, Middle Initial) B. Joshua H Goldberg MD		Date of Receipt
Mailing Address 2674 Bryden Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Bexley	OH	43209
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A47F2650BC6134D16A4C
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Ohio Corp.	Neonatologist	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. John S Golden DO		Date of Receipt
Mailing Address 1117 Sea Cliff Dr Nw		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gig Harbor	WA	98332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABFAE3A0C3B584390997
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Washington,	Medical Director NICU	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1008.33"/>
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 122
	<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. Praveen Gollapudi MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Willings Alley Mews

City Philadelphia State PA Zip Code 19106

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

Name of Employer Burlington Anesthesia Associates, P.A. Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 02 / 10 / 2014

Transaction ID : AC199889725844ADAA8D

Amount of Each Receipt this Period 1250.00

B. Sandra Luz Gonzalez
Full Name (Last, First, Middle Initial)

Mailing Address 600 Villa Place

City El Paso State TX Zip Code 79907

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

Name of Employer Pediatrix Medical Services, Inc. Occupation NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 02 / 28 / 2014

Transaction ID : A0D8F21335F094C4A9B2

Amount of Each Receipt this Period 5000.00

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

City Parkland State FL Zip Code 33076

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 02 / 28 / 2014

Transaction ID : A3AFFBF097F77420F8F6

Amount of Each Receipt this Period 60.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 6310.00

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 35 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. James Grant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1574 Sodon Lake Drive
 City Bloomfield Hills State MI Zip Code 48302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of MI PC Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : AFD69393D53E54D619A7
 Amount of Each Receipt this Period
 1000.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AC20960EE4CE344DBB91
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

C. John Grimes MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2120 Hastings Drive
 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 ▼ 600.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A7ADAC701CAF342F4848
 Amount of Each Receipt this Period
 600.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 6600.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Samuel W Grossmann
Full Name (Last, First, Middle Initial)

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064

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

Name of Employer Mednax Services, Inc. Occupation Dir Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **336.81**

Date of Receipt **02 / 14 / 2014**

Transaction ID : AC0F5B7823DE5486B964

Amount of Each Receipt this Period **112.27**

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 ▼ **449.08**

Date of Receipt **02 / 28 / 2014**

Transaction ID : AD9BA2A18A9F94392A4C

Amount of Each Receipt this Period **112.27**

Payroll Deduction

C. Nancy Hansen MD
Full Name (Last, First, Middle Initial)

Mailing Address 480 Delegate Drive

City Columbus State OH Zip Code 43235

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 ▼ **1000.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : ACAE92D337173463D870

Amount of Each Receipt this Period **1000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1224.54**

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 37 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 2700 Kathwood Court

City Florence State SC Zip Code 29501-1975

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

Name of Employer Occupation
Pediatrix Medical Group of South Carol Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
02 / 28 / 2014

Transaction ID : ADA1CFD99983E4E5DA08

Amount of Each Receipt this Period
400.00

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer Occupation
American Anesthesiology, Inc. Div COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **687.51**

Date of Receipt
02 / 14 / 2014

Transaction ID : ADA946C9413454A71A68

Amount of Each Receipt this Period
229.17

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 Occupation
American Anesthesiology, Inc. Div COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **916.68**

Date of Receipt
02 / 28 / 2014

Transaction ID : AE6F8AFC658A84B718A4

Amount of Each Receipt this Period
229.17

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	858.34
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 38 OF 122
<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. Suzanne Heck		Date of Receipt
Mailing Address 880 SW 16th St		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Boca Raton	FL	33486
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	Div CFO	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) B. Ann T Heerens MD		Date of Receipt
Mailing Address 530 Cassell Lane Sw		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Roanoke	VA	24014
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, P.C.	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	<input type="text" value="600.00"/>

Full Name (Last, First, Middle Initial) c. Charles K Heritage MD		Date of Receipt
Mailing Address 4966 Walnut Walk		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Kettering	OH	45429
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Ohio Corp.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1900.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 122
	<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. Roger Mack Hinson MD
Full Name (Last, First, Middle Initial)

Mailing Address 8320 84th Avenue SE

City Mercer Island State WA Zip Code 98040

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 ▼
5000.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A85C8FB9C3F7B47D5AFE

Amount of Each Receipt this Period
5000.00

B. Patrick J Hodges MD
Full Name (Last, First, Middle Initial)

Mailing Address 5205 Green Falls Ct

City Austin State TX Zip Code 78746

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
02 / 28 / 2014
Transaction ID : AC319F42D4AC947409DF

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 625 Harding Rd

City Little Silver State NJ Zip Code 07739

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AA5147F11E6F54C4B804

Amount of Each Receipt this Period
600.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5900.00

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 122
<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. Kelly Hunt
Full Name (Last, First, Middle Initial)
Mailing Address 6 Kona Lane

City Savannah	State GA	Zip Code 31419
------------------	-------------	-------------------

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

Name of Employer Magella Medical Associates of Georgia,	Occupation Office Manager
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A2E2CC3D705FA4DBEA65

Amount of Each Receipt this Period

300.00

Payroll Deduction

B. Gayette Huseby
Full Name (Last, First, Middle Initial)
Mailing Address 4025 Little Lane

City El Paso	State TX	Zip Code 79922
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : ABE2641132BE94A8DAF1

Amount of Each Receipt this Period

5000.00

Payroll Deduction

C. 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 ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A3D1B0463C00446E5AA5

Amount of Each Receipt this Period

150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5450.00
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 122
	<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 Isaac MD
Full Name (Last, First, Middle Initial)

Mailing Address 8368 Settlers Peak

City Boerne State TX Zip Code 78015-4948

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A38F9BC3A6A484DA2994

Amount of Each Receipt this Period
500.00

Payroll Deduction

B. Steven B Iskowitz MD
Full Name (Last, First, Middle Initial)

Mailing Address 12600 Classic Dr

City Coral Springs State FL Zip Code 33071

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
02 / 01 / 2014
Transaction ID : ADC98B5147EFF4C15B65

Amount of Each Receipt this Period
500.00

C. Jack Jacob MD
Full Name (Last, First, Middle Initial)

Mailing Address 316 E 15th Ave

City Anchorage State AK Zip Code 99501

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

Name of Employer Occupation
Alaska Neonatology Associates, Inc. Medical Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
02 / 14 / 2014
Transaction ID : A6C737622D33C4D0D8F2

Amount of Each Receipt this Period
2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 122
	<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. Juan A Jasso MD
Full Name (Last, First, Middle Initial)

Mailing Address 6740 Isla del Rey

City El Paso	State TX	Zip Code 79912
-----------------	-------------	-------------------

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 ▼
5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A0B60C37282A949EC85D

Amount of Each Receipt this Period
5000.00

Payroll Deduction

B. Jill M Jimenez
Full Name (Last, First, Middle Initial)

Mailing Address 12021 SW 32nd Street

City Davie	State FL	Zip Code 33330
---------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : AEA3733B0B12745868D9

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 732 Montana Road NW

City Atlanta	State GA	Zip Code 30327-1536
-----------------	-------------	------------------------

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

Name of Employer American Anesthesiology of Georgia, LL	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	15	/	2014

Transaction ID : AE5EF08BF0EB746178DC

Amount of Each Receipt this Period
1500.00

SUBTOTAL of Receipts This Page (optional).....▶	6800.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 122
<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. Karim Kabbaj		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A723446AB7BB540999BA
Mailing Address 6324 Whetstone Drive		Amount of Each Receipt this Period 1000.00
City McKinney	State TX	Zip Code 75070
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Manager Office Based Dev
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Manuel Kadre		Date of Receipt MM / DD / YYYY 02 / 10 / 2014 Transaction ID : A05D46EB772BB4DCDAC8
Mailing Address 5345 Hammock Dr		Amount of Each Receipt this Period 5000.00
City Coral Gables	State FL	Zip Code 33156-2103
FEC ID number of contributing federal political committee. C	Name of Employer Mednax, Inc.	Occupation Director, Mednax, Inc. Board O
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Debra F Kaspar		Date of Receipt MM / DD / YYYY 02 / 14 / 2014 Transaction ID : AE9651128CEB84F6597F
Mailing Address 11224 Handlebar Rd		Amount of Each Receipt this Period 130.79
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 392.37	

SUBTOTAL of Receipts This Page (optional).....▶	6130.79
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 44 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. 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 ▼ **523.16**

Date of Receipt **02 / 28 / 2014**

Transaction ID : A125CF915B79C477A912

Amount of Each Receipt this Period **130.79**

Payroll Deduction

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

Mailing Address 5611 Canaan Cross

City San Antonio State TX Zip Code 78247

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

Name of Employer Pediatrix Medical Services, Inc. Occupation NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : A67E03ADA2AA944EE8F5

Amount of Each Receipt this Period **300.00**

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 ▼ **600.00**

Date of Receipt **02 / 14 / 2014**

Transaction ID : A895303D472CC48AC848

Amount of Each Receipt this Period **200.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **630.79**

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 45 OF 122
	<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. Alexander Kenton MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : AD914AC31CAD744D9AA1
Mailing Address 55 West Elm Circle		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Robert Kiley MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A3F638C256D7A49E6B9F
Mailing Address 231 Venison Creek Drive		Amount of Each Receipt this Period 1000.00
City Monument	State CO	Zip Code 80132
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Colorado, P	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction

Full Name (Last, First, Middle Initial) c. Maria Kong MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A7087CC14FA1442ABA92
Mailing Address 900 Wards Landing S E		Amount of Each Receipt this Period 600.00
City Winter Haven	State FL	Zip Code 33880
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 122
<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. Catherine A KottoKome MD		Date of Receipt
Mailing Address 774 Scenic View Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Las Cruces	NM	88011
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AD504F93F37584ADE80F
Pediatrix Medical Group of New Mexico,	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	<input type="text" value="5000.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Nicholas H Kupferle III		Date of Receipt
Mailing Address 6416 Meadows West Dr Apt 714		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fort Worth	TX	76132
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AFF3558F66DAA4704B06
American Anesthesiology of Texas, Inc.	Reg Dir Revenue Cycle Mgm	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="300.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Tony M Lacaze		Date of Receipt
Mailing Address 4342 Indian Creek Ln		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Frisco	TX	75034
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A42F209027B004D60865
Pediatrix Medical Group, Inc.	Regional President	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="624.99"/>	<input type="text" value="208.33"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5508.33"/>
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 47 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **833.32**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : AAF01A0FFB7734964847

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

Payroll Deduction

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

Mailing Address 4311 Valli Vista

City Colorado Springs State CO Zip Code 80915

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : AFA0D3F2014344D57A24

Amount of Each Receipt this Period: **1500.00**

Payroll Deduction

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

Mailing Address 1415 Greystone RDG

City San Antonio State TX Zip Code 78258

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2680.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : AAFA2F7A3AD58400FAC0

Amount of Each Receipt this Period: **2545.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	4253.33
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 48 OF 122
	<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. Jack W Lam MD
Full Name (Last, First, Middle Initial)

Mailing Address 4725 Adler Pass

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist Assoc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A60EEC132D27D41C6861

Amount of Each Receipt this Period 300.00

Payroll Deduction

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

Mailing Address 2704 Westlake Dr

City Austin State TX Zip Code 78746

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : ADEB0300A4DA9408A8C1

Amount of Each Receipt this Period 300.00

Payroll Deduction

C. Nancy Landfish MD
Full Name (Last, First, Middle Initial)

Mailing Address 1109 Oak Brush Place

City Valrico State FL Zip Code 33594

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 ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AF791C358359248F9817

Amount of Each Receipt this Period 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 900.00

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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stewart Lawrence MD
Full Name (Last, First, Middle Initial)
Mailing Address 2555 E Plateau Drive
City Boise State ID Zip Code 83712
FEC ID number of contributing federal political committee. **C**
Name of Employer Mountain States Neonatology, Inc. Occupation Neonatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A8A22EF34672649028A8
Amount of Each Receipt this Period 62.50
Payroll Deduction

B. Eric Leung MD
Full Name (Last, First, Middle Initial)
Mailing Address 1000 1st Avenue 1900
City Seattle State WA Zip Code 98104
FEC ID number of contributing federal political committee. **C**
Name of Employer Pediatrix Medical Group of Washington, Occupation Corp Med Director NICU
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 400.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AE1880F2795284F7C962
Amount of Each Receipt this Period 200.00
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 Pediatrix Medical Group, Inc. Occupation Sr Division Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt 02 / 14 / 2014
Transaction ID : A8A4FE7716D964EE6B4B
Amount of Each Receipt this Period 100.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **362.50**
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 50 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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 ▼ **400.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : AA34062E8B0BD4D1D89F

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

Payroll Deduction

B. Christine A Lewandowski
Full Name (Last, First, Middle Initial)

Mailing Address 9047 Ribbons Ridge Pt

City Boynton Beach State FL Zip Code 33473

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : A3CDF361C54774A459FC

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

Payroll Deduction

C. Thomas N Lewis MD
Full Name (Last, First, Middle Initial)

Mailing Address 1085 Woodruff Plantation Pkwy

City Marietta State GA Zip Code 30067-9107

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

Name of Employer: American Anesthesiology of Georgia, LL Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **02 / 14 / 2014**

Transaction ID : A3F3D5C406D87415AA3F

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1350.00**

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 51 OF 122
<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. Jacquelyn A Liberto
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Jardin Terrace

City Weston	State FL	Zip Code 33327
----------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation VP Project Management
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A718C4DB77F214662BD5

Amount of Each Receipt this Period
1500.00

Payroll Deduction

B. Jacquelyn A Liberto
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Jardin Terrace

City Weston	State FL	Zip Code 33327
----------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation VP Project Management
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AF4900B6CE7864EC5AB3

Amount of Each Receipt this Period
1500.00

Payroll Deduction

C. Jacquelyn A Liberto
Full Name (Last, First, Middle Initial)

Mailing Address 2543 Jardin Terrace

City Weston	State FL	Zip Code 33327
----------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation VP Project Management
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A815A99D6C14941F19AC

Amount of Each Receipt this Period
-1500.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Beverly Gail Lim
Full Name (Last, First, Middle Initial)

Mailing Address 201 NE 4th Street

City Boca Raton State FL Zip Code 33432

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : A05A2535A619546FC8A7

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 ▼ **1050.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : A3C0CA7C0CD1D4866B2F

Amount of Each Receipt this Period: **1025.00**

Payroll Deduction

C. WM Long III
Full Name (Last, First, Middle Initial)

Mailing Address 309 SW 12th Avenue

City Ft Lauderdale State FL Zip Code 33312

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

Name of Employer: American Anesthesiology, Inc. Occupation: RVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **02 / 28 / 2014**

Transaction ID : A7869A0875659476596D

Amount of Each Receipt this Period: **2500.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3925.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 53 OF 122
	<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

Full Name (Last, First, Middle Initial) A. Vivian Lopez LopezBlanco		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A68904BD8504344BBB0E
Mailing Address 290 West McIntrye		Amount of Each Receipt this Period 5000.00
City Key Biscayne	State FL	Zip Code 33149
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Chief Financial Officer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. Lisa A LowerySmith MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A71D8A3D6694D43168E5
Mailing Address 7821 Night Hawk Road		Amount of Each Receipt this Period 666.67
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Tennessee,	Occupation Corp Med Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.34	

Full Name (Last, First, Middle Initial) C. John Loyd MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : AED274E48DB3340B6BF0
Mailing Address 11601 Jamieson Dr		Amount of Each Receipt this Period 300.00
City Austin	State TX	Zip Code 78750
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	

SUBTOTAL of Receipts This Page (optional).....▶	5966.67
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 54 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. David A Luthy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4505 N E 33
 Ste 750
 City Seattle State WA Zip Code 98105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Medical Director PERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **5000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 13 / 2014
Transaction ID : ABCAEE737EE7B407ABFE
 Amount of Each Receipt this Period
5000.00

B. Mary Frances Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4109 Galt Ave
 City Ft Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AD51C19CDBC61438D9FC
 Amount of Each Receipt this Period
1500.00
 Payroll Deduction

C. Mary Macentee MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9309 E Evans Place
 City Denver State CO Zip Code 80231
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Colorado, P Occupation: Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A60460CDFAA1749B6BF1
 Amount of Each Receipt this Period
1500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **8000.00**
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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **381.12**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : AF8A2E1F6FCB046F493F

Amount of Each Receipt this Period
127.04

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **508.16**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : ACE8FF6A5EC37475788C

Amount of Each Receipt this Period
127.04

Payroll Deduction

C. Dushan J Martinasek MD
Full Name (Last, First, Middle Initial)

Mailing Address 11411 Carrollwood Drive

City Tampa	State FL	Zip Code 33618
---------------	-------------	-------------------

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 ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A51A286BAC9A3417BB65

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5254.08
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 56 OF 122
	<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 ▼ **373.44**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	14	/	2014

Transaction ID : A5E181E5C987640178DF

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 ▼ **560.16**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : AC531C9FA1FEA4F9B88F

Amount of Each Receipt this Period

186.72

Payroll Deduction

c. Marcella T MascherDenen MD
Full Name (Last, First, Middle Initial)
Mailing Address 3007 E Ocotilla Ln

City Phoenix	State AZ	Zip Code 85028
-----------------	-------------	-------------------

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 ▼ **5000.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A8B8E825A07C647549A6

Amount of Each Receipt this Period

5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5373.44
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 57 OF 122
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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. Eric W Mason MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A79BB17A62A7947FBAFA
Mailing Address 333 Las Olas Way Apt 3005		Amount of Each Receipt this Period 416.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Eric W Mason MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A7925AB5FC9024363979
Mailing Address 333 Las Olas Way Apt 3005		Amount of Each Receipt this Period 416.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Eric W Mason MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A49CFB64AC7AB4BB0ADE
Mailing Address 333 Las Olas Way Apt 3005		Amount of Each Receipt this Period -416.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	416.67
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 58 OF 122
	<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. 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 Occupation
 Pediatrix Medical Group, P.C. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.34

Date of Receipt
 02 / 28 / 2014
Transaction ID : A26E5CDABBE9F441F93E
 Amount of Each Receipt this Period
 416.67
 Payroll Deduction

B. Timothy W McCarron Jr
 Full Name (Last, First, Middle Initial)
 Mailing Address 312 NE 15th Avenue Apt 9
 City Fort Lauderdale State FL Zip Code 33301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. Mgr Accounting Analysis
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : AFC18F9820CDF491FB7A
 Amount of Each Receipt this Period
 1000.00
 Payroll Deduction

C. Christine McCloskey
 Full Name (Last, First, Middle Initial)
 Mailing Address 1001 W Street NW
 City Auburn State WA Zip Code 98001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Cardiology of Washington, P. Practice Mgr15
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 06 / 2014
Transaction ID : AC14057752225426989D
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1916.67
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 59 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1001 W St NW

City Auburn State WA Zip Code 98001

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

Name of Employer: Pediatrix Cardiology of Washington, P.
Occupation: Medical Director Cardi

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : AD87FB66673C2435CB89

Amount of Each Receipt this Period
500.00

B. Catherine A McDermott DO
Full Name (Last, First, Middle Initial)

Mailing Address 4 W Alicen Court

City Phoenix State AZ Zip Code 85021

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 ▼ 202.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : AF7826BD7F2C441F4A9B

Amount of Each Receipt this Period
202.00

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

Mailing Address 851 SW 191 Lane

City Pembroke Pines State FL Zip Code 33029

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

Name of Employer: Mednax Services, Inc.
Occupation: VP Corp Fin Plan & Analys

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : A3E13DDE55B744C929EA

Amount of Each Receipt this Period
1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1702.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 122
	<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 G McKay MD
Full Name (Last, First, Middle Initial)

Mailing Address 28 Highfield Court

City Greer	State SC	Zip Code 29650
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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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A8E0C7813E4DE4D08846

Amount of Each Receipt this Period
1500.00

Payroll Deduction

B. Dilcia McLenan MD
Full Name (Last, First, Middle Initial)

Mailing Address 27874 53rd Place S

City Auburn	State WA	Zip Code 98001
----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Washington,	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A040C2C4E7E8B451B84D

Amount of Each Receipt this Period
600.00

Payroll Deduction

C. Roger Medel MD
Full Name (Last, First, Middle Initial)

Mailing Address 3035 Sorrel Court

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

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

Name of Employer Mednax Services, Inc.	Occupation Ceo
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A07AD491645F3480580F

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	7100.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Howard Mendel MD		Date of Receipt
Mailing Address 205A Ralston Drive		<input type="text" value="02"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Mt Laurel	NJ	08054
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC2DD08A4FF6743FBA33
Name of Employer	Occupation	Amount of Each Receipt this Period
Burlington Anesthesia Associates, P.A.	Anesthesiologist	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<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. Julie C Mendoza MD		Date of Receipt
Mailing Address 2709 Via Cipriani Unit 514B Unit 514B		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Clearwater	FL	33764
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7997A39E8FBD4D7DAF6
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Florida, In	Neonatologist	<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) C. Elizabeth M Meyer		Date of Receipt
Mailing Address 8506 Conover Place		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Alexandria	VA	22308
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8C469D210DBD48F69E3
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1050.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 122
	<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. Darryl Miao MD
Full Name (Last, First, Middle Initial)

Mailing Address 2417 Warner Rd

City Ft Worth	State TX	Zip Code 76110
------------------	-------------	-------------------

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A60057C7F1CAF4723A2D

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 2132 Wimberly Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A50EE207D984F49C1B71

Amount of Each Receipt this Period
2000.00

Payroll Deduction

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

Mailing Address 7417 N Secret Canyon Drive

City Tucson	State AZ	Zip Code 85718
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A1C1823835889470FB4D

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Margaret L Miller		Date of Receipt
Mailing Address 721 Edgefield Rd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Fort Worth	TX	76107
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A895F75E9AA3745E1B97
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	NNP	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Randy Miller MD		Date of Receipt
Mailing Address 4970 Parkmoor Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Westerville	OH	43082
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACB1798F9DDF24234970
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Ohio Corp.	Medical Director NICU	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Martin C Milliken MD		Date of Receipt
Mailing Address 1810 Raleigh Avenue		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Austin	TX	78703
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8131613FC9634DB5A72
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Texas, Inc.	Anesthesiologist	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="900.00"/>
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 64 OF 122
	<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. Lisa A Minnich MD
Full Name (Last, First, Middle Initial)

Mailing Address 18632 Gibbons Drive

City Dallas	State TX	Zip Code 75287
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A101DF4185C1A49F0891

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 2006 Havemeyer Lane

City Redondo Beach	State CA	Zip Code 90278
-----------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A07DDF3F7A20243958B3

Amount of Each Receipt this Period
2500.00

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AD763D9267C19436B986

Amount of Each Receipt this Period
2700.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
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 122
<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 ▼ **285.00**

Date of Receipt: **02 / 14 / 2014**
Transaction ID : **A921FAC13D9404325A40**

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

Payroll Deduction

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

Mailing Address 6525 Monument Avenue

City Richmond State VA Zip Code 23226

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : **A35F2D2CFE7D244A7B2D**

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

Payroll Deduction

C. Mary Ann Moore
Full Name (Last, First, Middle Initial)

Mailing Address 550 SE Mizner Blvd B407 Apt B407

City Boca Raton State FL Zip Code 33432

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

Name of Employer: Mednax Services, Inc. Occupation: VP Chief Compliance Off

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : **A53E846535CF7464EA7A**

Amount of Each Receipt this Period: **2500.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2690.00**

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 122
	<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. Antonio I Morales MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4529 Holstein Hill Dr
 City Norcross State GA Zip Code 30092
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Georgia, LL
 Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A9754E507C7DE4A92B6D
 Amount of Each Receipt this Period 300.00
 Payroll Deduction

B. Bruce A Morris MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 543 Woodcliff Heights Dr
 City Wildwood State MO Zip Code 63011
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Missouri, P
 Occupation Perinatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A4373CE898C3E4C1BA94
 Amount of Each Receipt this Period 600.00
 Payroll Deduction

C. Recia Munoz
 Full Name (Last, First, Middle Initial)
 Mailing Address 668 Brandon Cove
 City Ridgeland State SC Zip Code 29936
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Magella Medical Associates of Georgia,
 Occupation NNP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AB3F4EC6C44A34C9281B
 Amount of Each Receipt this Period 300.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Arthur Myers
Full Name (Last, First, Middle Initial)

Mailing Address 1508 NE 27 Dr

City Wilton Manors State FL Zip Code 33334

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A5CF2694AF7224AEBB86

Amount of Each Receipt this Period: 300.00

Payroll Deduction

B. 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 ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A9F6C65928E5E401B871

Amount of Each Receipt this Period: 150.00

Payroll Deduction

C. Mahesh G Naik MD
Full Name (Last, First, Middle Initial)

Mailing Address 1889 Honey Spring Pl

City Lexington State KY Zip Code 40502

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A1D1649B87B9B4C45971

Amount of Each Receipt this Period: 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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 122
<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 **832.00**

Date of Receipt: 02 / 28 / 2014
Transaction ID : A4BA24D4956A9497191C
Amount of Each Receipt this Period: 416.00
Payroll Deduction

B. Donald Neirink MD
Full Name (Last, First, Middle Initial)
Mailing Address 7018 Oakhurst Ridge Rd Apt 201
City Clarkston State MI Zip Code 48348
FEC ID number of contributing federal political committee. **C**
Name of Employer: American Anesthesiology of MI PC Occupation: Anesthesiologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt: 02 / 13 / 2014
Transaction ID : AFA7A88CC44F54DC28C5
Amount of Each Receipt this Period: 500.00

C. Thomas P O'Brien MD
Full Name (Last, First, Middle Initial)
Mailing Address 103 Ridgewood Rd
City Baltimore State MD Zip Code 21210
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix of Maryland, P.A. Occupation: Medical Director NICU
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt: 02 / 28 / 2014
Transaction ID : AE39C6954CBE44CA5AE8
Amount of Each Receipt this Period: 5000.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5916.00
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 69 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Elizabeth C O'Donnell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Duke Street
 City Houston State TX Zip Code 77005
 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 02 / 13 / 2014
Transaction ID : A947C1AFD54484EFA9DC
 Amount of Each Receipt this Period 250.00

B. Chien Oh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10997 E Raintree Drive
 City Scottsdale State AZ Zip Code 85255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Phoenix, P. Occupation Medical Director PERI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A11B3DCF7CEF74D689BE
 Amount of Each Receipt this Period 125.00
 Payroll Deduction

c. Olufemi O Okanlami MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51310 Shamrock Hills Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Indiana, P. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A2FA3E4A490C747E29FE
 Amount of Each Receipt this Period 250.00
 Payroll Deduction

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 70 OF 122
<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. Alan B Oliver		Date of Receipt
Mailing Address 336 Golf View Road 603		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City North Palm Beach	State FL	Zip Code 33408
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB9FC945FE15F4D6ABFC
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Clayton J Olney DO		Date of Receipt
Mailing Address 4951 Cape Coral Drive		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Dallas	State TX	Zip Code 75287
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8D05DAA453754BA0B78
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	Amount of Each Receipt this Period <input type="text" value="1000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1000.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Amil Ortiz MD		Date of Receipt
Mailing Address 139 Park Ridge		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Boerne	State TX	Zip Code 78006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A66729BF85D7A4F708FD
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="6250.00"/>
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 71 OF 122
	<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 ▼ **240.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : A8CEBF7FCDE0D4D77AB

Amount of Each Receipt this Period **60.00**

Payroll Deduction

B. Eduardo A Otero MD
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Alahmbra Crcl

City Coral Gables State FL Zip Code 33134

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : A51EE1AABCBE343EFBFE

Amount of Each Receipt this Period **150.00**

Payroll Deduction

C. Francisco Paez MD
Full Name (Last, First, Middle Initial)

Mailing Address 3716 Oak Ridge Lane

City Weston State FL Zip Code 33331

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

Name of Employer Mednax Services, Inc. Occupation VP International Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **02 / 28 / 2014**

Transaction ID : ADF030043D72240C08A2

Amount of Each Receipt this Period **5000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5210.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 72 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Marta Papp MD
Full Name (Last, First, Middle Initial)

Mailing Address 1421 Beddington Park

City Nashville	State TN	Zip Code 37215
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A1F92FE549C6E4B36B85

Amount of Each Receipt this Period
1000.00

Payroll Deduction

B. Hirenkumar Patel MD
Full Name (Last, First, Middle Initial)

Mailing Address 6121 Morning Glory Dr

City Roanoke	State VA	Zip Code 24012
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, P.C.	Occupation Unit Medical Dir NICU
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AE9FD2BC5D00A4F14ADE

Amount of Each Receipt this Period
500.00

Payroll Deduction

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

Mailing Address 7602 Timberly Court

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	13	/	2014

Transaction ID : AE59C0F25600149CC81E

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	2000.00
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 73 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Venkataramana Patla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3492 Rose Crest Lane
 City State Zip Code
 Fairfax VA 22033
 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 ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 06 / 2014
Transaction ID : A1A102DD3192E46F38E5
 Amount of Each Receipt this Period
 250.00

B. Darren Patz
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NE 99th Street
 City State Zip Code
 Miami Shores FL 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.99

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2014
Transaction ID : AE92133B2F34C4061978
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

C. Darren Patz
 Full Name (Last, First, Middle Initial)
 Mailing Address 253 NE 99th Street
 City State Zip Code
 Miami Shores FL 33138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Government Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A113D4FC2768A42179FC
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 666.66
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 74 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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 Pecora
Full Name (Last, First, Middle Initial)

Mailing Address 11540 S W 12 Street

City State Zip Code
Pembroke Pines FL 33025

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

Name of Employer Occupation
Mednax Services, Inc. Dir of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 13 / 2014

Transaction ID : ABEA180330C7B43319C4

Amount of Each Receipt this Period
250.00

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

Mailing Address 20160 Ocean Key Dr

City State Zip Code
Boca Raton FL 33498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : AB4137053FD CD440B80E

Amount of Each Receipt this Period
400.00

Payroll Deduction

c. Fortunato PerezBenavides MD
Full Name (Last, First, Middle Initial)

Mailing Address 306 Vicksburg Ave

City State Zip Code
Lubbock TX 79416-3105

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
02 / 01 / 2014

Transaction ID : A679894D0AA954DB4907

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	900.00
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 122
	<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. Fortunato PerezBenavides MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 306 Vicksburg Ave
 City Lubbock State TX Zip Code 79416-3105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5250.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : AF02E1DB7C4344D63822
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

B. Jordan H Perlow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 27622 N 65th Way
 City Scottsdale State AZ Zip Code 85266
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Obstetrix Medical Group of Phoenix, P. Perinatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : A017020190F1644A8BB9
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

C. Jena L Petry
 Full Name (Last, First, Middle Initial)
 Mailing Address 4325 Loma Hermose
 City El Paso State TX Zip Code 79934
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. NNP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 28 / 2014
Transaction ID : A80450BFF87434700882
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	10300.00
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 122
	<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. Curtis B Pickert MD		Date of Receipt
Mailing Address 3100 Carlisle 4110		<input type="text" value="02"/> / <input type="text" value="23"/> / <input type="text" value="2014"/>
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA42E484C3CE64225ADA
Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="4999.00"/>
	<input type="text" value="4999.00"/>	

Full Name (Last, First, Middle Initial) B. Maria R Pierce MD		Date of Receipt
Mailing Address 33 W Elm Circle		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A177F1F4511944F72A93
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.33"/>
	<input type="text" value="624.99"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Maria R Pierce MD		Date of Receipt
Mailing Address 33 W Elm Circle		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3AC2081BF6C944C5B37
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="208.33"/>
	<input type="text" value="833.32"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5415.66"/>
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 77 OF 122
	<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. Cynthia Platt
Full Name (Last, First, Middle Initial)

Mailing Address 305 S Adams Street

City Pensacola State FL Zip Code 32501

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

Name of Employer: Pediatrix Medical Group of Florida, In
Occupation: Physician Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : A77ACDF1854ED4275927

Amount of Each Receipt this Period: **300.00**

Payroll Deduction

B. Enrique N Ponte MD
Full Name (Last, First, Middle Initial)

Mailing Address 112 Camino Penaseo

City El Paso State TX Zip Code 79912

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 ▼ **5000.00**

Date of Receipt: **02 / 14 / 2014**
Transaction ID : A65008E7DEEBB410E81A

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

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 ▼ **551.67**

Date of Receipt: **02 / 14 / 2014**
Transaction ID : AD151926FE4B949A79C0

Amount of Each Receipt this Period: **183.89**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **5483.89**

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 78 OF 122
<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. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City State Zip Code
Stony Creek VA 23882

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
735.56

Date of Receipt
02 / 28 / 2014
Transaction ID : AA97D9E7F11A74D5CAC6

Amount of Each Receipt this Period
183.89

Payroll Deduction

B. Phillip L Potter MD
Full Name (Last, First, Middle Initial)

Mailing Address 5201 Long Island DR

City State Zip Code
Atlanta GA 30327

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

Name of Employer Occupation
Obstetrix Medical Group of Atlanta, LL Medical Director PERI

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AF25318F67FAD496CB0A

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

Mailing Address 109 Sequoia Drive

City State Zip Code
San Antonio TX 78232

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
02 / 14 / 2014
Transaction ID : A08839FC6D35F494B8ED

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 533.89

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 79 OF 122
	<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. 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 ▼ **400.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : A29B59A4280C74577B47

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

Payroll Deduction

B. 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 ▼ **2500.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : AC67FA6D147AC46A5970

Amount of Each Receipt this Period: **2500.00**

Payroll Deduction

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

Mailing Address 271 Nw 36th St

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 Facilities Dev

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt: **02 / 28 / 2014**
Transaction ID : AFB86C8BBBAB4FD49D/

Amount of Each Receipt this Period: **600.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3200.00**

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 80 OF 122
(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. Jeanne Proia
 Mailing Address 4441 NE 30th Terr
 City State Zip Code
 Lighthouse Pt FL 33064
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. Dir Bus Dev Internal
 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
 02 / 28 / 2014
Transaction ID : AAC2A79E510334A5C852
 Amount of Each Receipt this Period
 1050.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Randy C Randel MD
 Mailing Address 4553 Arcady
 City State Zip Code
 Dallas TX 75205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AB9E7D46F423643D0BD8
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

Full Name (Last, First, Middle Initial)
C. Rajkumar P Reddy MD
 Mailing Address 1709 Ruidosa Dr
 City State Zip Code
 Edmond OK 73034
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Oklahoma, P Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A9A0761CF4D1C4878BD7
 Amount of Each Receipt this Period
 600.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1950.00
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 81 OF 122
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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. Winston E Reed
Full Name (Last, First, Middle Initial)

Mailing Address 5570 Buckley Drive

City El Paso State TX Zip Code 79912

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. NNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 28 / 2014
Transaction ID : A8748EDD387F8495BAFF

Amount of Each Receipt this Period
1000.00

Payroll Deduction

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

Mailing Address 2050 Bennett Road

City Grayson State GA Zip Code 30017

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

Name of Employer Occupation
American Anesthesiology of Georgia, LL Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AA61E4D3D65F34EA1BEE

Amount of Each Receipt this Period
600.00

Payroll Deduction

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

Mailing Address 832 Heritage Dr

City Weston State FL Zip Code 33326

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. VP Practice Integration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 10 / 2014
Transaction ID : AEA4987DF7E9A41F5BE1

Amount of Each Receipt this Period
1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 2600.00

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 122
	<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. Juli Richter MD
Full Name (Last, First, Middle Initial)

Mailing Address 5690 Tynecastle Loop

City Dublin	State OH	Zip Code 43016
----------------	-------------	-------------------

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 ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AC5C08259AEE74BCE8EB

Amount of Each Receipt this Period

600.00

Payroll Deduction

B. Frank Robertson MD
Full Name (Last, First, Middle Initial)

Mailing Address 14123 Bluff Manor

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

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Pediatric Surgeon
--	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A7A699FB9E64C4304A09

Amount of Each Receipt this Period

1500.00

C. 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 ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AF335BDDD48B244EC80C

Amount of Each Receipt this Period

350.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	2450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 122
	<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. Edgar Jose Romero MD		Date of Receipt
Mailing Address 2603 Rosemary Ct		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pearland	TX	77584
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB6EDFD8DD6F846EDA1E
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="2500.00"/>
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="2500.00"/>	

Full Name (Last, First, Middle Initial) B. James R Rost MD		Date of Receipt
Mailing Address 604 Firehouse Lane		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Gaithersburg	MD	20878
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A820ABED2E109419CB4E
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix of Maryland, P.A.	Unit Medical Dir NICU	<input type="text" value="600.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

Full Name (Last, First, Middle Initial) C. Jeanne Ruderman MD		Date of Receipt
Mailing Address 1568 Palisades Drive		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
Pacific Palisades	CA	90272
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3D28C601881D4AA6A8B
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of California,	Medical Director	<input type="text" value="365.00"/>
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="365.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3465.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 84 OF 122
<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. Linda Sacks MD
Full Name (Last, First, Middle Initial)
Mailing Address 406 Wheeler Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : A429CF002D225470593E

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AAD6F4FE8885F44C1A2B

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Idelsi Sanchez
Full Name (Last, First, Middle Initial)
Mailing Address 3941 SW 186th Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **269.04**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : ABFED3D33B19E41A294D

Amount of Each Receipt this Period

94.90

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	294.90
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 122
	<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. 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 ▼ **358.72**

Date of Receipt **02 / 28 / 2014**
Transaction ID : **A1D8D9C41444F4CC99C4**

Amount of Each Receipt this Period **89.68**

Payroll Deduction

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

Mailing Address 21862 Shenandoah Dr

City Lake Forest State CA Zip Code 92630

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Director of Operations15

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 03 / 2014**
Transaction ID : **A04F4CB9668ED4ECEB67**

Amount of Each Receipt this Period **1000.00**

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 ▼ **1000.00**

Date of Receipt **02 / 28 / 2014**
Transaction ID : **ADCFDA0756CB148EF9BA**

Amount of Each Receipt this Period **812.50**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1902.18**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 86 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Todd Scharnberg MD		Date of Receipt
Mailing Address 5301 Park Hollow Ln		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Austin	TX	78746-1251
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABABB1529EB6440F6AE1
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Medical Director NICU	<input type="text" value="2500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	

Full Name (Last, First, Middle Initial) B. John Todd Scharnberg MD		Date of Receipt
Mailing Address 5301 Park Hollow Ln		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Austin	TX	78746-1251
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC60150B3C15E43B79DB
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Medical Director NICU	<input type="text" value="2500.00"/>
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="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Jeffrey A Scheidlinger MD		Date of Receipt
Mailing Address 8400 Woodbranch Ct		<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2014"/>
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3CD603C5498E458F899
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Virginia, P	Medical Director Anesth	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 87 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Kenneth Shaffer MD
Full Name (Last, First, Middle Initial)

Mailing Address 5801 Longhorn Landing

City Austin State TX Zip Code 78734

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A320B67A2AB464626BC5

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

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

Mailing Address 11804 Willow Point Way

City Tampa State FL Zip Code 33618-8651

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: 02 / 28 / 2014
Transaction ID : AC3034D9C70C84D759CC

Amount of Each Receipt this Period: 300.00

Payroll Deduction

C. Glenn M Shoptaugh MD
Full Name (Last, First, Middle Initial)

Mailing Address 82 Raven Hills Court

City Colorado Springs State CO Zip Code 80919

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

Name of Employer: Pediatrix Medical Group of Colorado, P Occupation: Unit Medical Dir NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A22FA0A50BED442248F6

Amount of Each Receipt this Period: 300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5600.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 122
<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. Kusumam Sidharthan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 916 East Burns Dr
 City Mcallen State TX Zip Code 78503
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A4083B6D811F6447DBD5
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

B. Elaine Sillos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Bighorn Ridge Drive NE
 City Albuquerque State NM Zip Code 87122
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of New Mexico, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AA8BF2EFF1C0C4C6DBDF
 Amount of Each Receipt this Period
 1000.00
 Payroll Deduction

C. Kultar Singh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16060 Thornwood Drive
 City Fort Myers State FL Zip Code 33908
 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 ▼
 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A51DFB5D0886B436E949
 Amount of Each Receipt this Period
 1000.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2300.00
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 89 OF 122
<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. Janice K Smith

Mailing Address 9762 E Inglewood Circle

City Mesa	State AZ	Zip Code 85207
--------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A85A5B845CA454BC4A2D

Amount of Each Receipt this Period
750.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Scott D Solomon MD

Mailing Address 3186 Silver Lake Drive NE

City Atlanta	State GA	Zip Code 30319
-----------------	-------------	-------------------

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

Name of Employer American Anesthesiology of Georgia, LL	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
02	/	28	/	2014

Transaction ID : A743A484E4E9040C1A5C

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City Boca Raton	State FL	Zip Code 33487
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **203.82**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AEA642002D9B3409AB97

Amount of Each Receipt this Period
62.39

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1112.39
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 90 OF 122
<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. Enrique Sosa

Mailing Address 430 Grand Bay Dr
Apt 1002

City Key Biscayne State FL Zip Code 33149-1940

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

Name of Employer Mednax, Inc Occupation Board Of Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 13 / 2014
Transaction ID : A17D9D7C29FCF416CA57

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Susan M Steele MD

Mailing Address 4156 English Garden Way

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 08 / 2014
Transaction ID : A3A0ABA0B33D5443A8EA

Amount of Each Receipt this Period
250.00

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

Mailing Address 12020 N W 18 Street

City Plantation State FL Zip Code 33323

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

Name of Employer Mednax Services, Inc. Occupation VP of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
02 / 28 / 2014
Transaction ID : AEF0B69DD834E4247B15

Amount of Each Receipt this Period
1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 6250.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 122
<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 ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A870633E0C39D4BF49F7

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

Mailing Address 5190 Olive Court

City Greenwood Village	State CO	Zip Code 80121
---------------------------	-------------	-------------------

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

Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatologist
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A3E923F35A7D0440B979

Amount of Each Receipt this Period

300.00

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 ▼ **255.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : AC233604E1CD94753BA4

Amount of Each Receipt this Period

85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	510.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Julia L Stones
Full Name (Last, First, Middle Initial)
Mailing Address 6541 Ne 20 Terrace

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **340.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A2BD55A090E154D038E8

Amount of Each Receipt this Period

85.00

Payroll Deduction

B. Terrence J Sweeney MD
Full Name (Last, First, Middle Initial)
Mailing Address 727 17th Avenue East

City Seattle	State WA	Zip Code 98112
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Washington,	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A6B1054F6DF5C4AEEAD6

Amount of Each Receipt this Period

140.00

Payroll Deduction

C. Bannie Lee Tabor MD
Full Name (Last, First, Middle Initial)
Mailing Address 5020 Still Meadow Drive

City Ft Worth	State TX	Zip Code 76132
------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director PERI
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2014

Transaction ID : A18FDB710DE294B98B60

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: (check only one)	PAGE 93 OF 122
	<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. Jason Tanner MD
Full Name (Last, First, Middle Initial)

Mailing Address 4580 Francisco

City Pensacola	State FL	Zip Code 32504
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AE9FB3243F6574BC08E8

Amount of Each Receipt this Period
1000.00

Payroll Deduction

B. Brian L Thomas MD
Full Name (Last, First, Middle Initial)

Mailing Address 655 Colebrook Court

City Atlanta	State GA	Zip Code 30327-4710
-----------------	-------------	------------------------

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

Name of Employer American Anesthesiology of Georgia, LL	Occupation Anesthesiologist
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2014

Transaction ID : A6DC2D05BC1DA4E03BB6

Amount of Each Receipt this Period
250.00

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

Mailing Address 7643 NW 122nd Drive

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
498.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : AE814616AF57C4121909

Amount of Each Receipt this Period
166.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1416.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Harris Thompson
Full Name (Last, First, Middle Initial)

Mailing Address 7643 NW 122nd Drive

City Parkland State FL Zip Code 33076

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 664.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : AD5EBD234E6F14056823

Amount of Each Receipt this Period
 166.00

Payroll Deduction

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

Mailing Address 7126 Merrimac Drive

City McLean State VA Zip Code 22101

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : A5D9D66E117E14DD8848

Amount of Each Receipt this Period
 600.00

Payroll Deduction

C. Scott Tisdell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Crownhill DR

City Arlington State TX Zip Code 76012

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 454.54

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014

Transaction ID : A6B3221C2148846A8AD7

Amount of Each Receipt this Period
 227.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 993.27

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 95 OF 122
	<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. Joe Toney MD
Full Name (Last, First, Middle Initial)

Mailing Address 5459 S Krameria St

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AD4ECE14A84A94D96982

Amount of Each Receipt this Period

200.00

Payroll Deduction

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

Mailing Address 5450 Autumn Court

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A140CEEF20C9F4872887

Amount of Each Receipt this Period

1625.00

Payroll Deduction

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

Mailing Address 1274 Redfield Ridge

City Atlanta	State GA	Zip Code 30338
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A9BD716B034E34797AEA

Amount of Each Receipt this Period

200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2025.00
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 96 OF 122
<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. Thomas Truman MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A64897CAA424942C4A5C
Mailing Address 2820 Cline Street		Amount of Each Receipt this Period 1000.00
City Tallahassee	State FL	Zip Code 32308
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Florida, In	Occupation Pediatric Intensivist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Richard Turner DO		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A90F56344AAF24D11A33
Mailing Address 220 Quail Meadows Lane		Amount of Each Receipt this Period 5000.00
City Arlington	State TX	Zip Code 76002
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Pediatric Hospitalist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Gary A Twiggs MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2014 Transaction ID : A07B869FC88834832878
Mailing Address 24761 Judi Court Ste 4000		Amount of Each Receipt this Period 416.67
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 833.34	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	6416.67
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 97 OF 122
	<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. Jose G Urrutia
Full Name (Last, First, Middle Initial)

Mailing Address 4256 Vilamoura DR

City Avon State OH Zip Code 44011

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 ▼ 300.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : AF182A169B9F54931A56

Amount of Each Receipt this Period: 300.00

Payroll Deduction

B. Julio Vallette MD
Full Name (Last, First, Middle Initial)

Mailing Address 400 Normandy Dr

City Indialantic State FL Zip Code 32903

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : ABCFA943042A74DFCB08

Amount of Each Receipt this Period: 4500.00

Payroll Deduction

C. Philip Vaughn MD
Full Name (Last, First, Middle Initial)

Mailing Address 11529 Snow Creek Ave

City Las Vegas State NV Zip Code 89135

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2014
Transaction ID : A5A96EF0C3E11402CBDA

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 9800.00

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 98 OF 122
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7960 Simonds Road NE

City Kenmore	State WA	Zip Code 98028
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A275A1C1B4C1745D68EC

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

Mailing Address 73 Rock Creek Drive

City Greenville	State SC	Zip Code 29605
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A9E0367F930094853A75

Amount of Each Receipt this Period

250.00

Payroll Deduction

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

Mailing Address 3441 NW 18 Street

City Miami	State FL	Zip Code 33125
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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 ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : A3B29676C87604E2AA46

Amount of Each Receipt this Period

2500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 122
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

A. Charlene Warren
Full Name (Last, First, Middle Initial)

Mailing Address 4851 NE 29th Ave

City Lighthouse Point State FL Zip Code 33064

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

Name of Employer Mednax Services, Inc. Occupation VP Risk Mgmt & Creden

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : ABF3CBE3B361F44C5B17

Amount of Each Receipt this Period 2500.00

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 ▼ 600.00

Date of Receipt 02 / 14 / 2014
Transaction ID : AFAC0FE0F65584B11B98

Amount of Each Receipt this Period 200.00

Payroll Deduction

C. 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 ▼ 800.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A3C37545827BE4B1EB47

Amount of Each Receipt this Period 200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2900.00

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 100 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Gilbert W Webb MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2208 Joyceridge Court
 City State Zip Code
 Chesterfield MO 63017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Missouri, P Corp Med Director PERI
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : AF866DDA792694AD7982
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

B. Richard Weissmark
 Full Name (Last, First, Middle Initial)
 Mailing Address 8383 NW 30 STREET
 City State Zip Code
 Cooper City FL 33024
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir OperHearing Screen
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A5E6CB6D4EB694075918
 Amount of Each Receipt this Period
 600.00
 Payroll Deduction

C. William T West MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5350 Flatrock Place
 City State Zip Code
 Colorado Springs CO 80919
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Colorado, P Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2014
Transaction ID : A63E1A7C79E684A5AB27
 Amount of Each Receipt this Period
 600.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 1700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 101 OF 122
<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. Raye White
Full Name (Last, First, Middle Initial)
Mailing Address 4124 Nw 67th Way

City Coral Springs	State FL	Zip Code 33067
-----------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AD4C611D3B4684831823

Amount of Each Receipt this Period
300.00

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 ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	14	/	2014

Transaction ID : A14A3134352DE40CBAA1

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Mike Williams
Full Name (Last, First, Middle Initial)
Mailing Address 11287 Crutchfields Ct

City Glen Allen	State VA	Zip Code 23059
--------------------	-------------	-------------------

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

Name of Employer Critical Health Systems, Inc.	Occupation VP Revenue Cycle Mgmt
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2014

Transaction ID : AF32017D51BD64B2E8EA

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 102 OF 122
	<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. Pamela Williams
Full Name (Last, First, Middle Initial)
Mailing Address 5715 Walcott Ave
City Fairfax State VA Zip Code 22030
FEC ID number of contributing federal political committee. **C**
Name of Employer American Anesthesiology of Virginia, P Occupation Practice Administrator10
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : AA051325E9585481E8AB
Amount of Each Receipt this Period 300.00
Payroll Deduction

B. Bonnie Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 2100 South Ocean 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 ▼ 375.00

Date of Receipt 02 / 14 / 2014
Transaction ID : AF38515C08B8D43C3B33
Amount of Each Receipt this Period 125.00
Payroll Deduction

C. Bonnie Wilson
Full Name (Last, First, Middle Initial)
Mailing Address 2100 South Ocean Blv
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 ▼ 500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : A03FD040124F34220AFF
Amount of Each Receipt this Period 125.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 550.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 103 OF 122
	<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. Odell Wilson MD		Date of Receipt
Mailing Address 5409 High Desert PI NE		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Albuquerque State NM Zip Code 87111		Transaction ID : A70BF263357E74ABC9C8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="2500.00"/>
Name of Employer Pediatrix Medical Group of New Mexico,	Occupation Neonatologist	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="2500.00"/>	

Full Name (Last, First, Middle Initial) B. Scott A Witt MD		Date of Receipt
Mailing Address 4465 Parker Hill Rd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City Santa Rosa State CA Zip Code 95404		Transaction ID : A7EDFA9BA1C194BDCBE8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Name of Employer Pediatrix Medical Group of California,	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Jackson Wong MD		Date of Receipt
Mailing Address 8785 Thousand Pines Circle		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2014"/>
City West Palm Bch State FL Zip Code 33411		Transaction ID : A1A977962F9B8407686E
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 Pediatrix Medical Group of Florida, In	Occupation Pediatric Intensivist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3300.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 122
	<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. Lewis Woodell
Full Name (Last, First, Middle Initial)

Mailing Address 232 NE 30th St

City Wilton Manors State FL Zip Code 33334

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

Name of Employer American Anesthesiology, Inc. Occupation Reg Dir Revenue Cycle Mgm

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 02 / 28 / 2014
Transaction ID : **ADB23CD5361024C2F8B4**

Amount of Each Receipt this Period 300.00

Payroll Deduction

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

Mailing Address 29122 N 149th St Unit 458

City Scottsdale State AZ Zip Code 85262

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 ▼ 2500.00

Date of Receipt 02 / 28 / 2014
Transaction ID : **A6C25567E4532493FB85**

Amount of Each Receipt this Period 2500.00

Payroll Deduction

C. Lance Wyble MD
Full Name (Last, First, Middle Initial)

Mailing Address 675 S Gulfview Blvd Apt 603 603

City Clearwater Beach State FL Zip Code 33767

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 ▼ 1000.00

Date of Receipt 02 / 28 / 2014
Transaction ID : **AB43FDA4042114AF3A58**

Amount of Each Receipt this Period 1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 3800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 122
	<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. Gary L Yup MD		Date of Receipt
Mailing Address 2301 Fireside Circle		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Reno	NV	89509
FEC ID number of contributing federal political committee.		Transaction ID : AE62A093A0D2D444BBA0
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
Pokroy Medical Group of Nevada, Ltd.	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mohammad ZiaUllah MD		Date of Receipt
Mailing Address 10422 Huebner Road 1201		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78240
FEC ID number of contributing federal political committee.		Transaction ID : AB10B5F3DCE8B4AE0849
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="300.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Terrance J Zuerlein MD		Date of Receipt
Mailing Address 21 Fontenay Circle		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2014"/>
City	State	Zip Code
Little Rock	AR	72223
FEC ID number of contributing federal political committee.		Transaction ID : A35BDEC6612E54FC9A2B
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Arkansas, P	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="353419.83"/>

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

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

FOR LINE NUMBER: PAGE 106 OF 122
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mednax, Inc
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Concord Ter
 City Sunrise State FL Zip Code 33323-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 285.33

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 20 / 2014
Transaction ID : A027C092A03E64FFA957
 Amount of Each Receipt this Period
 44.99
 Reimbursement of January 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).....▶	44.99
TOTAL This Period (last page this line number only).....▶	44.99

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2014

Transaction ID : B5AD502B7F55F40D0B8C

Amount of Each Disbursement this Period

43.29

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)..... ▶

43.29

43.29

**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. Castro for Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Rep. Joaquin Castro

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 06 / 2014

Transaction ID : BDEE6E3ADD3B44A5F8FE

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. CHRIS COONS FOR DELAWARE

Mailing Address PO BOX 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement
Political Contribution- Primary 2014- US Senate- DE

Candidate Name

Sen. Christopher A. Coons

Office Sought: House
 Senate
 President
State: DE 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
02 / 21 / 2014

Transaction ID : B5F69ED44103542DAB15

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. Dave Camp For Congress

Mailing Address 2501 Wisconsin Avenue
Suite 304

City Washington State DC Zip Code 20007-4543

Purpose of Disbursement
Political Contribution- Primary 2014- US House MI-4

Candidate Name

Rep. Dave L. Camp

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 24 / 2014

Transaction ID : BB841B1DA19404F299C3

Amount of Each Disbursement this Period

2500.00

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

6000.00

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. Dave Camp For Congress

Mailing Address 2501 Wisconsin Avenue
Suite 304

City Washington State DC Zip Code 20007-4543

Purpose of Disbursement
Political Contribution- General 2014- US House MI-4

Candidate Name
Rep. Dave L. Camp

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: MI District: 04

Date of Disbursement

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

Transaction ID : B299D1B79D8F34BF7B0C

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B. GARDNER FOR CONGRESS

Mailing Address 9227 E. LINCOLN AVE., #200-234

City LONE TREE State CO Zip Code 80124-2408

Purpose of Disbursement
VOID - Political Contribution 10/2/13 - Primary 2014

Candidate Name
Rep. Cory S. Gardner

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: CO District: 04

Date of Disbursement

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

Transaction ID : B9D460FC0D7674518B9F

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. OLSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 16381

City SUGAR LAND State TX Zip Code 77496

Purpose of Disbursement
Political Contribution- Primary 2014- US House TX-22

Candidate Name
Rep. Pete G. Olson

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: TX District: 22

Date of Disbursement

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

Transaction ID : B77E222183492455A9D2

Amount of Each Disbursement this Period

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

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

3	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

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

3	0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Pat Roberts For U.S. Senate Inc.

Mailing Address P.O. Box 433

City State Zip Code
Great Bend KS 67530

Purpose of Disbursement
Political Contribution- General 2014- US Senate- KS

Candidate Name

Sen. Pat Roberts

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District:

Date of Disbursement

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

Transaction ID : B282241F4B7F04D59B1F

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. POMPEO FOR CONGRESS INC

Mailing Address PO BOX 780146

City State Zip Code
WICHITA KS 67212

Purpose of Disbursement
Political Contribution- General 2014- US House KS-4

Candidate Name

Rep. Mike R. Pompeo

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

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

Transaction ID : BF5AFD35CBE9E4A5B891

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Price For Congress

Mailing Address P.O. Box 425

City State Zip Code
Roswell GA 30077

Purpose of Disbursement
Political Contribution- Primary 2014- US House GA-6

Candidate Name

Rep. Tom Price

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District: 06

Date of Disbursement

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

Transaction ID : B37BED02A4A494E6D854

Amount of Each Disbursement this Period

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

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

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

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

0	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. RENEE ELLMERS FOR CONGRESS COMMITTEE

Mailing Address PO BOX 99567

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name
Rep. Renee J. Ellmers

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: NC District: 02

Date of Disbursement

MM / DD / YYYY
02 / 24 / 2014

Transaction ID : B6D7DDDAF6B9E46EE891

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. TEXANS FOR HENRY CUELLAR CONGRESSIONAL CAMPAIGN

Mailing Address 1519 WASHINGTON STREET
SUITE 200

City Laredo State TX Zip Code 78040-4412

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Henry R. Cuellar

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: TX District: 28

Date of Disbursement

MM / DD / YYYY
02 / 06 / 2014

Transaction ID : B0736677D84F04E71ABA

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address P.O. Box 5458

City Springfield State IL Zip Code 62705

Purpose of Disbursement
Political Contribution- Primary 2014- US House IL-19

Candidate Name
Rep. John M. Shimkus

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼
State: IL District: 15

Date of Disbursement

MM / DD / YYYY
02 / 26 / 2014

Transaction ID : B444E65FEF36B495C9C8

Amount of Each Disbursement this Period

2000.00

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

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

7000.00

26000.00

**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. Citizens for Marsha Haefner

Mailing Address 6703 Telegraph Rd.

City State Zip Code
Saint Louis MO 63129-5325

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 95

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : B52CC789AF12C4E8A85D

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Citizens for Torpey

Mailing Address 821 East Manor Rd.

City State Zip Code
Independence MO 64055-1728

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 29

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : B932B31F62E5C49D986F

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Citizens to Elect Kurt Schaefer Attorney General

Mailing Address P.O. Box 1614

City State Zip Code
Columbia MO 65205-1614

Purpose of Disbursement
Political Contribution- Primary 2016- MO AG

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 25 / 2014

Transaction ID : B45443ED044C64EF28F9

Amount of Each Disbursement this Period

3500.00

Category/
Type

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

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

5500.00

**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. Citizens to Elect Sue Allen

Mailing Address 702 Willow Spring Hill Ct.

City Chesterfield State MO Zip Code 63017-5726

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
02 / 25 / 2014

Transaction ID : BE88E0EBF7CAC43D7BF7

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Ron Richard

Mailing Address 1419 W. 4th St.

City Joplin State MO Zip Code 64801-3033

Purpose of Disbursement
Political Contribution- Primary 2014- MO Senate 32

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
02 / 25 / 2014

Transaction ID : BD569CF06B4AC49FA896

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Tom Flanigan

Mailing Address P.O. Box 1034

City Carthage State MO Zip Code 64836-5034

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 163

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
02 / 25 / 2014

Transaction ID : B9DBDFC7231CD4C73BD1

Amount of Each Disbursement this Period

2000.00

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

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

6000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Eric Burlison

Mailing Address 3204 S. Anabranth Blvd.

City Springfield State MO Zip Code 65807-5724

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 133

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : BEE15EE584D4544E9B7F

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends of Lincoln Hough

Mailing Address P.O. Box 121

City Springfield State MO Zip Code 65801-0121

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 135

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : BF9B4D778CE364CE6A7A

Amount of Each Disbursement this Period

2000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Rick Stream

Mailing Address 1229 Lockett Lane

City Kirkwood State MO Zip Code 63122-2320

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 90

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2014

Transaction ID : BBEA0867C05444DD4931

Amount of Each Disbursement this Period

3500.00

Category/
Type

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

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

7500.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Genise Montecillo for State Representative

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		25		2014

Mailing Address 7491 Hardscrapple
Apt. A

Transaction ID : B709D008A559140CE93B

City Saint Louis State MO Zip Code 63123-1351

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 92

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Harold L. Ritchie Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 302 Louisiana Ave.

Transaction ID : B7F0B817093BF487F9CC

City Bogalusa State LA Zip Code 70427-3840

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 75

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Hunter Greene Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 8708 Jefferson Highway
Suite B

Transaction ID : B2B89C8C38CB6419DB42

City Baton Rouge State LA Zip Code 70809-2411

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 66

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

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

2000.00

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. J. Kevin Pearson Campaign

Mailing Address 1349 Corporate Square
Suite 6

City Slidell State LA Zip Code 70458-3157

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 76

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : B835C8D3A6F2E4F9A9ED

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. J. Rogers Pope Campaign

Mailing Address P.O. Box 555

City Denham Springs State LA Zip Code 70727-0555

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 71

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : BA6D5824B6AF44172BFB

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Jeanne Kirkton for State Representative

Mailing Address 659 Tuxedo Blvd.

City Saint Louis State MO Zip Code 63119-1844

Purpose of Disbursement
Political Contribution- Primary 2014- MO House 91

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
02 / 25 / 2014

Transaction ID : BCC3CD598659942D3A6B

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. John F. 'Andy' Anders Campaign

Mailing Address 200 Advocate Row
Suite D

City Vidalia State LA Zip Code 71373-3146

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 21

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : BADA04C936E744B2FBF6

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Julie Stokes Campaign

Mailing Address 4425 Clearview Pkwy.
Suite B

City Metairie State LA Zip Code 70006-2397

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : B43A3B606891D43BD975

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Kenneth E. Havard Campaign

Mailing Address P.O. Box 217

City Jackson State LA Zip Code 70748-0217

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 62

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : BFA05479922534CE98CC

Amount of Each Disbursement this Period

500.00

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

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

2000.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Nick Lorusso Campaign

Mailing Address 3535 Canal Street
Suite 103

City New Orleans State LA Zip Code 70119-6172

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 94

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : **BABBCB3579F6B4AE49D4**

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Regina Barrow Campaign

Mailing Address 4811 Harding Blvd.

City Baton Rouge State LA Zip Code 70811-3922

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 29

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : **B6F7D18FFDD90493A801**

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Robert A. Johnson Campaign

Mailing Address P.O. Box 467

City Marksville State LA Zip Code 71351-0467

Purpose of Disbursement
Political Contribution- Primary 2015- LA House 28

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : **B18A1393A9D97487198E**

Amount of Each Disbursement this Period

500.00

Category/
Type

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

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

1500.00

**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. Roosevelt Fund

Mailing Address 3518 Fremont Ave. North
#545

City Seattle State WA Zip Code 98103-8814

Purpose of Disbursement
VOID - Political Contribution 10/30/13- 2013

Candidate Name

Office Sought: House
 Senate
 President
State: District:

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

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 19 / 2014

Transaction ID : B2C9D7AF70F6E49C5AC2

Amount of Each Disbursement this Period

-3000.00

Full Name (Last, First, Middle Initial)

B. Saving Florida's Heartland

Mailing Address 115 East Park Avenue
Suite 1

City Tallahassee State FL Zip Code 32301-7701

Purpose of Disbursement
Political Contribution- 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Other2014

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : BE5BFE27FD31A4E05811

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. Senator David Heitmeier Campaign

Mailing Address 3501 Holiday Drive
Suite 225

City New Orleans State LA Zip Code 70114-8202

Purpose of Disbursement
Political Contribution- Primary 2015- LA Senate 7

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2014

Transaction ID : BCF1F91B6ECD74008A6A

Amount of Each Disbursement this Period

1500.00

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

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

8500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Senator R.L. 'Bret' Allain II Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 600 Main Street
Suite 1

Transaction ID : B9F9ECB7068B9435CA6C

City Franklin State LA Zip Code 70538-5437

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Political Contribution- Primary 2015- LA Senate 21

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Senator Rick Ward, III Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 3741 Highway 1

Transaction ID : BBC71649A22154C8AAD2

City Port Aalen State LA Zip Code 70767

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2015- LA Senate 17

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Senator Ronnie Johns Campaign

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		28		2014

Mailing Address 1011 Lakeshore Drive
Suite 515

Transaction ID : BE7950E010DDB4D78A89

City Lake Charles State LA Zip Code 70601-9412

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2015- LA Senate 27

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

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

3500.00

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 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. Senator Sherri Smith Buffington Campaign

Mailing Address 9973 Mansfield Road

City State Zip Code
Keithville LA 71047-9090

Purpose of Disbursement
Political Contribution- Primary 2015- LA Senate 38

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

Transaction ID : B20EEF3FBFF744AE8BE3

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. The Florida Innovation Fund

Mailing Address 2640-A Mitchum Drive

City State Zip Code
Tallahassee FL 32308

Purpose of Disbursement
Political Contribution- 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	1	4

Transaction ID : B14390ECD0E364358B9C

Amount of Each Disbursement this Period

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

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

Amount of Each Disbursement this Period

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

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

1	1	5	0	0	0	0	0	0	0
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6	4	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---