

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 1301 Concord Terrace  
Check if different than previously reported. (ACC) Sunrise FL 33323-2843

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
C C00469205 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2014 through 05 / 31 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte [Electronically Filed] Date 06 / 12 / 2014

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		610519.87
(b) Cash on Hand at Beginning of Reporting Period.....	693318.97	
(c) Total Receipts (from Line 19) .....	53326.37	613435.19
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	746645.34	1223955.06
7. Total Disbursements (from Line 31).....	112641.61	589951.33
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	634003.73	634003.73
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	48404.31	559061.51
(ii) Unitemized .....	2369.28	49323.62
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50773.59	608385.13
(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) .....	50773.59	608385.13
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).....	52.78	550.06
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2500.00	4500.00
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))..... ▶	53326.37	613435.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	53326.37	613435.19

**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 .....	41.61	501.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41.61	501.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	150000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	61500.00	256500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	250.00
29. Other Disbursements .....	51100.00	182700.00
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)) ..	112641.61	589951.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	112641.61	589951.33

**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) .....	50773.59	608385.13
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	50773.59	608135.13
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	41.61	501.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	52.78	550.06
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-11.17	-48.73

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 141
	<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) <b>A. Francis J Abdou MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A1D306F92857F4B07911</b>
Mailing Address 3828 White Chapel Way		Amount of Each Receipt this Period 100.00
City Raleigh	State NC	Zip Code 27615
FEC ID number of contributing federal political committee.	C	
Name of Employer American Anesthesiology of North Carol	Occupation Medical Director Anesth	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Sikander Adeni MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A88F6C49BF8B945DC92C</b>
Mailing Address 366 Cortona Drive		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>c. John M Aguiar</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : ABBE9517A16734805812</b>
Mailing Address 4050 Sw 140 Ave		Amount of Each Receipt this Period 37.87
City Davie	State FL	Zip Code 33330
FEC ID number of contributing federal political committee.	C	
Name of Employer Mednax Services, Inc.	Occupation Dir Customer Service	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.82	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	237.87
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 141
	<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. John M Aguiar**  
Full Name (Last, First, Middle Initial)

Mailing Address 4050 Sw 140 Ave

City Davie State FL Zip Code 33330

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **378.69**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : ABF29DD47B0CB4BF9B46**

Amount of Each Receipt this Period **37.87**

Payroll Deduction

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

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **465.47**

Date of Receipt **05 / 15 / 2014**

**Transaction ID : A39920691144144CB960**

Amount of Each Receipt this Period **51.72**

Payroll Deduction

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

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **517.19**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A0C1D3FFCF9C24245AF2**

Amount of Each Receipt this Period **51.72**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

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

Mailing Address 4028 John S Raboteau Wynd

City	State	Zip Code
Raleigh	NC	27612

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

Name of Employer	Occupation
American Anesthesiology of North Carol	Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : AACD37E37F23447288DF**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. Cesar Alvarez**  
Full Name (Last, First, Middle Initial)

Mailing Address 1221 Brickell Ave

City	State	Zip Code
Miami	FL	33131-3224

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

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

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  
 05 / 09 / 2014

**Transaction ID : A8BE2B508BEB047199DC**

Amount of Each Receipt this Period  
5000.00

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

Mailing Address 1615 Rancho Guadalupe Trail NW

City	State	Zip Code
Albuquerque	NM	87107

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : AE4C20CB99283468E9B0**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5175.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Dominic J Andreano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 Lost Garden Ter  
 City Parkland State FL Zip Code 33076  
 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 ▼ 2250.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : AFC36160CFBEB4ADC954**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction

**B. Dominic J Andreano**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6803 Lost Garden Ter  
 City Parkland State FL Zip Code 33076  
 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 ▼ 2500.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A3557A23C405841C3B76**  
 Amount of Each Receipt this Period 250.00  
 Payroll Deduction

**C. Travis Ansley DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1290 Crooked Stick Dr  
 City Rock Hill State SC Zip Code 29730  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : AEB5A2E12A7B44287A7D**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 550.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 141
	<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. 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 Occupation  
 Pediatrix Medical Group of Illinois, P Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : AECA3B7603CB84FD597F**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

**B. J Michael Armand MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1435 Natchez Way  
 City Grayson State GA Zip Code 30017-1070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Georgia, P. Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 850.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A58EA8969C4E1463DB81**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Eddie Arredondo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1827 Magliano Drive  
 City Boynton Beach State FL Zip Code 33436  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Sr Staff Auditor  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 15 / 2014  
**Transaction ID : A28B3FD602A2646D3AE0**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Eddie Arredondo</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A9643661066A84136A86</b>
Mailing Address 1827 Magliano Drive		Amount of Each Receipt this Period 250.00
City Boynton Beach	State FL	Zip Code 33436
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation Sr Staff Auditor	
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) <b>B. Jennifer F Arriza</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : AE142C561DD164EADA28</b>
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation VP Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) <b>C. Jennifer F Arriza</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A6A23117FAD4D4CC987A</b>
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation VP Applications	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

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

FOR LINE NUMBER: PAGE 12 OF 141  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. 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 ▼ 980.10

Date of Receipt 05 / 15 / 2014  
**Transaction ID : A04DBD2D02C924FDBB5L**  
 Amount of Each Receipt this Period 108.90  
 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 ▼ 1089.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A3F86C3E9762144F8AE3**  
 Amount of Each Receipt this Period 108.90  
 Payroll Deduction

**C. Erhan Atasoy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4756 Sharpstone Lane  
 City Raleigh State NC Zip Code 27615  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A629E1B8CE7AE45439AF**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 267.80  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 141
	<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) <b>A. Christine N Aune MD</b>		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AC460ECCE7A534C63AC/</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="450.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Christine N Aune MD</b>		Date of Receipt
Mailing Address 15814 Seekers St		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A8B86030B25794A71936</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Ronald S Bank MD</b>		Date of Receipt
Mailing Address 1642 White Pine Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Vienna	VA	22182
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AF26E5E9499AF4548875</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Virginia, P	Anesthesiologist	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 141
	<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. John L Bankston MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Pembroke Dr  
 City State Zip Code  
 Palm Beach Gardens FL 33418  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 675.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AE5B8D98B0A674E1F85D**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**B. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City State Zip Code  
 Wilmington NC 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2014  
**Transaction ID : A7041422CB60B4E66A62**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

**C. Andrew Charles H Barton MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 813 Wood Cove Road  
 City State Zip Code  
 Wilmington NC 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, 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  
 05 / 30 / 2014  
**Transaction ID : A6A0DF042C9C347868C1**  
 Amount of Each Receipt this Period  
 25.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼  
2250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A8BD0C6ED28F24D929C9**

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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AA7BD334423BA40188D3**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

**C. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5413 Andrews Reach Loop Rd

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

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AF2AB61C8690744DDB63**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

**A. Virgil E Bean MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5413 Andrews Reach Loop Rd

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

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A81FEF2E3932D449A8BB**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

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

Mailing Address 201 Grand Pointe Boulevard

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
750.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A593212B0663D4F8DA0A**

Amount of Each Receipt this Period  
150.00

Payroll Deduction

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

Mailing Address 2973 Cheroakwood Lane

City Rockford	State IL	Zip Code 61114
------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AD9542EFBC6D645F6ADE**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Jwalanaiah Bellur MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6521 NE 21 Way  
 City Ft Lauderdale State FL Zip Code 33308  
 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 ▼  
 250.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A1378677018E540158AE**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Arthur F Bergh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 460 Lanternback Island Drive # 1508  
 City Satellite Beach State FL Zip Code 32937  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : AD4944EB8B14A46B6A29**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. Timothy Biela MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 Colonial Woods  
 City Boerne State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 405.00

Date of Receipt  
 05 / 15 / 2014  
**Transaction ID : A54F329FDCEFC417D911**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 141
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Timothy Biela MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8050 Colonial Woods  
 City Boerne State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A2B288E88734547A6B33**  
 Amount of Each Receipt this Period: 450.00  
 Payroll Deduction

**B. Albert V Brawley MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 619 Brae Burn Drive  
 City Martinez State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group of Georgia, P. Occupation: Hospital Medical Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A0E5A1FC5E8894806A6D**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**C. Aretas Brazianus MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 Brookview Circle  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pokroy Medical Group of Nevada, Ltd. Occupation: Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200.00**

Date of Receipt: 05 / 15 / 2014  
**Transaction ID : AD93CA7079B174EC4821**  
 Amount of Each Receipt this Period: 200.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **295.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
		<input type="checkbox"/> 17	

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

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

**A. Aretas Braziuнас MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6450 Brookview Circle  
 City Reno State NV Zip Code 89519  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Intensivist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1400.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : AF7C9501092F8401FA1D**  
 Amount of Each Receipt this Period **200.00**  
 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 **900.00**

Date of Receipt **05 / 15 / 2014**  
**Transaction ID : A699B81D2E80A47F884B**  
 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 **1000.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : ADC496739684B47A9AB6**  
 Amount of Each Receipt this Period **100.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

**A. Howard Brenker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6566 NW 99 Lane

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A62AD20732072450C8B2**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

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

Mailing Address 1905 S Moorings Drive

City Wilmington	State NC	Zip Code 28405
--------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : AAB7D8B4ADC0F44EEB2E**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

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

Mailing Address 1905 S Moorings Drive

City Wilmington	State NC	Zip Code 28405
--------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	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  
**05 / 30 / 2014**

**Transaction ID : AEA3C7ED6E0214741B40**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 12717 W Sunrise Blvd  
256

City Sunrise State FL Zip Code 33323

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : AFEE091E882D34698A35**

Amount of Each Receipt this Period  
416.66

Payroll Deduction

**B. Noah S Bunker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hedge Lane

City Austin State TX Zip Code 78746

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A8BA71C7241E94005962**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 7718 Moss Brook Drive

City San Antonio State TX Zip Code 78255

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : A17C403E605464A48950**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Samuel A Burns MD</b>		Date of Receipt
Mailing Address 7718 Moss Brook Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AC614F6781BA5457896F</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	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) <b>B. Andrew Sean Campbell</b>		Date of Receipt
Mailing Address 423 Westridge Circle		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Anaheim	CA	92651
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A78826968AC4148C3BC8</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Reg Dir Pat Accts 15	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="540.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Andrew Sean Campbell</b>		Date of Receipt
Mailing Address 423 Westridge Circle		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Anaheim	CA	92651
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4F657302A240418DA34</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Reg Dir Pat Accts 15	<input type="text" value="60.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="170.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. William D Caplan MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A72C7530F206E46D98B6</b>
Mailing Address 7207 Edloe		Amount of Each Receipt this Period 200.00
City Houston	State TX	Zip Code 77025
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Barbara Carr MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AC85C4CE7788141FC90A</b>
Mailing Address 14116 Fontana		Amount of Each Receipt this Period 100.00
City Leawood	State KS	Zip Code 66224
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Kansas, P.A	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) <b>C. Paul T Carrell MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AF82DFF2E647147FBA36</b>
Mailing Address 5215 Buckman Mountain Rd		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of Texas, Inc.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Ronald Carzoli MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1505 First South  
 Apt 401  
 City Jacksonville State FL Zip Code 32250  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A0DD6790B86F1442BA3E**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**B. Amy L Cassidy MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8873 Cravenwood Dr  
 City Oak Ridge State NC Zip Code 27310  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : AC704B7CC627742C9B2A**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Donald H Chace PHD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1212 Rolling Meadow  
 City Pittsburgh State PA Zip Code 15241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Dir PDX Analytcl Research  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 450.00

Date of Receipt  
 05 / 15 / 2014  
**Transaction ID : AC91E00DA023C44A59C6**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 141
	<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. Donald H Chace PHD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Rolling Meadow

City Pittsburgh State PA Zip Code 15241

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : ABFC5C9D7A60F4D8A9A**

Amount of Each Receipt this Period: **500.00**

Payroll Deduction

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

Mailing Address 3117 Cutchin Dr

City Charlotte State NC Zip Code 28210-4815

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A3ED5F705936D47E897B**

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

Payroll Deduction

**C. Elmer K Choi MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 407 Park Street SE

City Vienna State VA Zip Code 22180-5806

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A7F9449F3F2B44CFA8A9**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Reese H Clark MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AA04212C3A2A34598E5</b>
Mailing Address 11539 NW 72nd Place		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2700.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Bobby Clifton MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AA1ED932C62224D9D948</b>
Mailing Address 1312 Montrose Dr		Amount of Each Receipt this Period 100.00
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Robert Closius</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : AE6A41712213241849B8</b>
Mailing Address 4301 Willow Ridge Drive		Amount of Each Receipt this Period 60.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 540.00	
Payroll Deduction		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 4301 Willow Ridge Drive

City Weston State FL Zip Code 33331

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : AF017A266E6184F8E886**

Amount of Each Receipt this Period **600.00**

Payroll Deduction

**B. Brittany Clyne MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1629 Sterling Road

City Charlotte State NC Zip Code 28209

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A7285B6CDD9384DB8A60**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campo Bello State SC Zip Code 29322

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A8EA74FBDE63D4694839**

Amount of Each Receipt this Period **125.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ **260.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 141
	<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. Jose Colindres MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 16775 NW 20 Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A148CC88B01E0420C805**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

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

Mailing Address 10468 Laurel Road

City Davie	State FL	Zip Code 33328
---------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A70A2445254F341CF808**

Amount of Each Receipt this Period  
500.00

Payroll Deduction

**C. Larry Consenstein MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AF1BB88CBD5034D7EA53**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 141
	<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) <b>A. Larry Consenstein MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AEA5D6EA20B14F5998C</b>
Mailing Address 322 Farmer St		Amount of Each Receipt this Period 500.00
City Syracuse	State NY	Zip Code 13203
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group Neonatology an	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. William B Corkey MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A7F1482CF884E4995A4A</b>
Mailing Address 1413 Dogwood Lane		Amount of Each Receipt this Period 85.00
City Raleigh	State NC	Zip Code 27607
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of North Carol	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 425.00	

Full Name (Last, First, Middle Initial) <b>C. Frances C Cox</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : AFE982D3FD7F64185A45</b>
Mailing Address 304 Saffron Springs		Amount of Each Receipt this Period 25.00
City Buda	State TX	Zip Code 78610
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional HS Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Frances C Cox**  
Full Name (Last, First, Middle Initial)  
Mailing Address 304 Saffron Springs  
City Buda State TX Zip Code 78610  
FEC ID number of contributing federal political committee. **C**  
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional HS Manager  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : AF58BB3D691234F0399B**  
Amount of Each Receipt this Period: 250.00  
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 **625.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A1BA0C56DC7BA4229A35**  
Amount of Each Receipt this Period: 125.00  
Payroll Deduction

**C. Margaret D Davis MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5115 Park Drive  
City Vermilion State OH Zip Code 44089  
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 **250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A5E1EEF47F4DA415AB86**  
Amount of Each Receipt this Period: 50.00  
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 141
	<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

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. Roberta H De Regt MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 250th Ave  
 Ne  
 City Redmond State WA Zip Code 98053  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Obstetrix Medical Group of Washington, Occupation: Perinatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : AAA60E5E9213B45FBA5B**  
 Amount of Each Receipt this Period: 100.00  
 Payroll Deduction

**B. Jorge Del Toro MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3020 NW 125th Avenue  
 Unit 317  
 City Sunrise State FL Zip Code 33323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: RVP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1603.35**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : AC7E9DAACD3B944A584C**  
 Amount of Each Receipt this Period: 320.67  
 Payroll Deduction

**C. Bruce J Denenny MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Winterberry Ct  
 City Greensboro State NC Zip Code 27455  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A13417346D244462A9F4**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **470.67**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 141
	<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. Matthew J Devine**  
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.97**

Date of Receipt **05 / 15 / 2014**

**Transaction ID : AA0EA219F81874DCE847**

Amount of Each Receipt this Period **208.33**

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 Mednax Services, Inc. Occupation VP Business Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.30**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A7013CEDAFD80478EA43**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

**C. Rebecca D Doise MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 475 I49 S Service Road

City Sunset State LA Zip Code 70584

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

Name of Employer Pediatrix Emergent and Critical Care S Occupation Medical Director ER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 15 / 2014**

**Transaction ID : AE93AA52317454C1AA47**

Amount of Each Receipt this Period **25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **441.66**

**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 33 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Rebecca D Doise MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A6461090DDC944D3D9B3</b>
Mailing Address 475 I49 S Service Road		Amount of Each Receipt this Period 250.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Emergent and Critical Care S	Occupation Medical Director ER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Susan A Dotzler MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AD97536285B4B4B629AE</b>
Mailing Address 1203 Ashbury Bay		Amount of Each Receipt this Period 100.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. James Doyle MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : ADC759C904E3D4CA09B1</b>
Mailing Address 2137 Queens Road East		Amount of Each Receipt this Period 100.00
City Charlotte	State NC	Zip Code 28207
FEC ID number of contributing federal political committee. C	Payroll Deduction	
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 141
	<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. Cedric Dupont MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 29 Pascal Lane

City Austin State TX Zip Code 78746

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A38F79BAC639D4965BCC**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Charlene D Edwards MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 4 Sailview Cove

City Greensboro State NC Zip Code 27455

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A5775E3A1422E4C03A7D**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs State GA Zip Code 30350

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A07E00E18F6604562B8C**

Amount of Each Receipt this Period **125.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 110 Oxford Circle

City	State	Zip Code
Bossier City	LA	71111

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

Name of Employer	Occupation
Pediatrix Medical Group of Louisiana,	Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A422A569EBC07442FA30**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

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

Mailing Address 3127 Windsong Dr

City	State	Zip Code
Oakton	VA	22124

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 ▼ **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : AD8AFCB41769F41E78A5**

Amount of Each Receipt this Period  
**100.00**

Payroll Deduction

**C. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

City	State	Zip Code
Wilmington	NC	28403

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : AD5D1FEA799644FA0974**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Judson H Evans MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

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

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : AEA12ACCD A87A4F86A9E**

Amount of Each Receipt this Period  
250.00

Payroll Deduction

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

Mailing Address 617 Blair Street

City Greensboro	State NC	Zip Code 27408
--------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : AC4F6E5D138FD4AFA9A6**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. William E Fitzgerald MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2903 Hamden Drive

City Greensboro	State NC	Zip Code 27405
--------------------	-------------	-------------------

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

Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist
---	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A71AA903D139247ECB34**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 141
	<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) <b>A. Alexander F Fortune MD</b>		Date of Receipt
Mailing Address 906 W Cornwallis Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Greensboro	State NC	Zip Code 27408
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A3D6D86F102434068B2C</b>
Name of Employer Southeast Anesthesiology Consultants, Inc.		Amount of Each Receipt this Period
Occupation Anesthesiologist		<input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>		

Full Name (Last, First, Middle Initial) <b>B. Richard Franklin MD</b>		Date of Receipt
Mailing Address 2207 Peninsula Ave		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Shelby	State NC	Zip Code 28150
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A68A75B9A4DCE44A4842</b>
Name of Employer American Anesthesiology of the Southea		Amount of Each Receipt this Period
Occupation Anesthesiologist Assoc		<input type="text" value="85.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼ <input type="text" value="425.00"/>		

Full Name (Last, First, Middle Initial) <b>C. Roger Freeman</b>		Date of Receipt
Mailing Address 41 Rivo Alto Canal		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Long Beach	State CA	Zip Code 90803-4041
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A9BF11C244644452D9BA</b>
Name of Employer Mednax, Inc.		Amount of Each Receipt this Period
Occupation Member, Mednax, Inc. Board Of		<input type="text" value="5000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Payroll Deduction
Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="5135.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 141
	<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) <b>A. Simon Frisch</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014
Mailing Address 3816 W Hibiscus Street		<b>Transaction ID : A8AF6A6E36D3D474EB85</b>
City Weston	State FL	Zip Code 33332
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

Full Name (Last, First, Middle Initial) <b>B. Simon Frisch</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 3816 W Hibiscus Street		<b>Transaction ID : AC164B01A791C4FB8A84</b>
City Weston	State FL	Zip Code 33332
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>c. Josephine Gambardella MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 1014 Priory Place		<b>Transaction ID : A5B07D71ACCF645FDA2B</b>
City McLean	State VA	Zip Code 22101
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 100.00	
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 ▼ 500.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 141
	<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. Barclay Gang**

Mailing Address 2127 Brickell Avenue  
Apt 2801

City Miami State FL Zip Code 33129

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.03**

Date of Receipt  
**05 / 15 / 2014**

**Transaction ID : AB3EDE72707D34DCF919**

Amount of Each Receipt this Period  
**41.67**

Payroll Deduction

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

Mailing Address 2127 Brickell Avenue  
Apt 2801

City Miami State FL Zip Code 33129

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

Name of Employer Mednax Services, Inc. Occupation Staff Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.70**

Date of Receipt  
**05 / 30 / 2014**

**Transaction ID : A919F19CE58C54847B21**

Amount of Each Receipt this Period  
**41.67**

Payroll Deduction

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

Mailing Address 722 Ruidosa Downs

City Helotes State TX Zip Code 78023

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.97**

Date of Receipt  
**05 / 15 / 2014**

**Transaction ID : A62AE1D880894426E988**

Amount of Each Receipt this Period  
**208.33**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 40 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Sanjuanita GarzaCox MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 722 Ruidosa Downs  
 City Helotes State TX Zip Code 78023  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2083.30

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A49CFAC4F962F484898A**  
 Amount of Each Receipt this Period  
 208.33  
 Payroll Deduction

**B. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706 Apt 706  
 City Los Angeles State CA Zip Code 90015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Regional Counsel 15  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 15 / 2014  
**Transaction ID : ADA2A579DDBBF47D1B25**  
 Amount of Each Receipt this Period  
 62.50  
 Payroll Deduction

**C. Maniya Gatmaitan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 645 W 9th Street Unit 706 Apt 706  
 City Los Angeles State CA Zip Code 90015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group, Inc. Sr Regional Counsel 15  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 287.50

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A3E4C0A9ABDDA42799FC**  
 Amount of Each Receipt this Period  
 62.50  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 333.33  
**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 41 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Richard Gilbert MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Queens Road  
Apt 104

City Charlotte State NC Zip Code 28207

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

Name of Employer American Anesthesiology, Inc. Occupation VP Chief Med Officer

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : AC1894A4C33F84C6C855**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

**B. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 15 / 2014**

**Transaction ID : ACE9A5886482A42DF830**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**c. Mario I Gonzalez**  
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 48

City Tallahassee State FL Zip Code 32302

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : AF22E645986694EC793C**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼ **540.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A2BBC63DBEBC6457E8E1**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A0C121BB0EDA1430BA48**

Amount of Each Receipt this Period  

60.00
-------

Payroll Deduction

**C. David W Green MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 30 Sagecliff Court

City Dallas	State TX	Zip Code 75248
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

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

**Transaction ID : AAC31A47FE4B946F5855**

Amount of Each Receipt this Period  

1000.00
---------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1120.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Katherine Grichnik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : ABA80D465152C425198B**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**B. Katherine Grichnik**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6423 Collins Avenue  
 Unit 1405  
 City Miami Beach State FL Zip Code 33141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Dir ResearchEdu&Quality  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A70FE62E64F2C4BCCB44**  
 Amount of Each Receipt this Period 100.00  
 Payroll Deduction

**C. Samuel W Grossmann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 438 Forrest Prk Cir  
 City Franklin State TN Zip Code 37064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mednax Services, Inc. Occupation Dir Government Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1010.43

Date of Receipt 05 / 15 / 2014  
**Transaction ID : A69500DFB6A274C7DA1B**  
 Amount of Each Receipt this Period 112.27  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 312.27  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 44 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Samuel W Grossmann</b>		Date of Receipt
Mailing Address 438 Forrest Prk Cir		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Franklin	TN	37064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AA37B91C82AB041D2989</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Dir Government Relations	<input type="text" value="112.27"/>
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="1122.70"/>	

Full Name (Last, First, Middle Initial) <b>B. Timothy E Gundlach MD</b>		Date of Receipt
Mailing Address 9008 Unbridle Lane		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Waxhaw	NC	28173
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A4623A20424464DF9A16</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist Assoc	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Charles M Hahn MD</b>		Date of Receipt
Mailing Address 6317 Shinn Creek Lane		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A54C085C282F5445A99E</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Southeast Anesthesiology Consultants,	Anesthesiologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="237.27"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 45 OF 141
	(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

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. Charles M Hahn MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6317 Shinn Creek Lane  
 City State Zip Code  
 Wilmington NC 28409  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Southeast Anesthesiology Consultants, Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A5A8165272E81475D985**  
 Amount of Each Receipt this Period  
 250.00  
 Payroll Deduction

**B. Peter Haney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 200 Chimney Rock  
 City State Zip Code  
 Houston TX 77024  
 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 ▼  
 416.65

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AD4C2B772F1B648E78D0**  
 Amount of Each Receipt this Period  
 83.33  
 Payroll Deduction

**C. Joseph Harlan JRMD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2700 Kathwood Court  
 City State Zip Code  
 Florence SC 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 ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : ABC44E600F2CA4889BAA**  
 Amount of Each Receipt this Period  
 400.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	508.33
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 46 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. John F Hatchett MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AF62B87182DFE42828CC</b>
Mailing Address 5904 Snow Hill Drive		Amount of Each Receipt this Period 50.00
City Summerfield	State NC	Zip Code 27358
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. William Hawk</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : A932513DE67774B38871</b>
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 229.17
City Ft Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology, Inc.	Occupation Div COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2062.53	

Full Name (Last, First, Middle Initial) <b>C. William Hawk</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A0B4283E964F74F7F992</b>
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 229.17
City Ft Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology, Inc.	Occupation Div COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2291.70	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	508.34
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 141
	<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. Cody Henderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Ranch Terrace  
 City Fair Oaks State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt: 05 / 15 / 2014  
**Transaction ID : A176A19CB349B423A9C5**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**B. Cody Henderson MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Ranch Terrace  
 City Fair Oaks State TX Zip Code 78015  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A4F5BF02C5DAA4712B27**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**C. Adam S Hodierne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W Bessemer Avenue  
 City Greensboro State NC Zip Code 27401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Southeast Anesthesiology Consultants, Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A57FB71CF44784B529E7**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 141
	<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. Brent Holway MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Stonestrow Court

City Charlotte State NC Zip Code 28226

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 ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A1B66629F0F874A259DA**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 1019 Windlea Run

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : AA9EF294034334B18965**

Amount of Each Receipt this Period 25.00

Payroll Deduction

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

Mailing Address 1019 Windlea Run

City Wilmington State NC Zip Code 28409

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : ADEBE7265C0BC40B6BC3**

Amount of Each Receipt this Period 25.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 49 OF 141
	<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. Dominick J Iaconetti MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 386 Nichols Run Ct  
 City State Zip Code  
 Great Falls VA 22066-3047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of Virginia, P Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A7E1F1F11A5C04F36BF0**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Ayne K Iafolla MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14220 Cervantes Avenue  
 City State Zip Code  
 Darnestown MD 20874  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix of Maryland, P.A. Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A58F63670D5F2408FAF3**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction

**C. Dennis M Jacobs DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 420 Hendon Row Way  
 City State Zip Code  
 Fort Mill SC 29715  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AB3DFF930CBF94EF89C8**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 50 OF 141
	<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. Angela Jarvie**  
Full Name (Last, First, Middle Initial)

Mailing Address 5993 West Hoover Avenue

City Littleton	State CO	Zip Code 80123
-------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations10
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A22D300F5510F450E8ED**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 5993 West Hoover Avenue

City Littleton	State CO	Zip Code 80123
-------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations10
---	--

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
05	/	30	/	2014

**Transaction ID : AB4FAA052B0DE4A33A9E**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AA893C43BE8FB4CD8AAB**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 3804 Woodcutter's Way

City Austin State TX Zip Code 78746-1543

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A2C80DF6C73944465B77**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**B. Martin B Jenkins MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 9130 Anderton Springs Cove

City Memphis State TN Zip Code 38133-0900

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

Name of Employer Pediatrix Medical Group of Tennessee, Occupation Medical Director NICU

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A2DD9AB0195674C82B28**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 3511 N 1590 W

City PLeasant Grove State UT Zip Code 84062

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : A44328E863AF340DDA10**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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. Shannon L Jenkins DO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3511 N 1590 W  
 City Pleasant Grove State UT Zip Code 84062  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : AABDA8C8A5C1D41409D5**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**B. David C Joslin MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 E Greenway Drive N  
 City Greensboro State NC Zip Code 27403  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : ADDA0E76683C54BF6894**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Debra F Kaspar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11224 Handlebar Rd  
 City Reston State VA Zip Code 20191  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Anesthesiology, Inc. Occupation Director of Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1177.11

Date of Receipt 05 / 15 / 2014  
**Transaction ID : A746122E9B0814ABABB2**  
 Amount of Each Receipt this Period 130.79  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 230.79  
**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 53 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 **1307.90**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A714B06117BA94B7FA2D**  
Amount of Each Receipt this Period **130.79**  
Payroll Deduction

**B. Mark C Katris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3440 NE 15th Avenue  
City Oakland Park State FL Zip Code 33334  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Chief Pilot & AviationMgr  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **450.00**

Date of Receipt **05 / 15 / 2014**  
**Transaction ID : A527F008C4A0245439DE**  
Amount of Each Receipt this Period **75.00**  
Payroll Deduction

**C. Mark C Katris**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3440 NE 15th Avenue  
City Oakland Park State FL Zip Code 33334  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mednax Services, Inc. Occupation Chief Pilot & AviationMgr  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **525.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A02E09D21AFC14A57AB4**  
Amount of Each Receipt this Period **75.00**  
Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **280.79**  
**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 54 OF 141
	<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) <b>A. Alexander Kenton MD</b>		Date of Receipt
Mailing Address 55 West Elm Circle		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A0100B8260A674940979</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Alexander Kenton MD</b>		Date of Receipt
Mailing Address 55 West Elm Circle		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
San Antonio	TX	78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A63A4568A3B6444F7BDD</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Elizabeth Krueger MD</b>		Date of Receipt
Mailing Address 2420 Valley Brook Road		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City	State	Zip Code
Nashville	TN	37215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A2A66E0A9E551409BAF1</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Tennessee,	Neonatologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 55 OF 141
	<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. 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 ▼  
1874.97

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A86A320210739442C863**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

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

Mailing Address 4342 Indian Creek Ln

City Frisco	State TX	Zip Code 75034
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.30

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A8C0BAA45597047FBBA1**

Amount of Each Receipt this Period  
208.33

Payroll Deduction

**C. Michael J Lang MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 10422 E Windrose Drive

City Scottsdale	State AZ	Zip Code 85259-2422
--------------------	-------------	------------------------

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

Name of Employer Obstetrix Medical Group of Phoenix, P.	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A501BFB72F9144A86812**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	516.66
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 56 OF 141  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Stewart Lawrence MD**

Mailing Address 2555 E Plateau Drive

City State Zip Code  
 Boise ID 83712

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

Name of Employer Occupation  
 Mountain States Neonatology, Inc. Neonatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 562.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2014  
**Transaction ID : A7152D66330764E1A965**

Amount of Each Receipt this Period  
 62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Stewart Lawrence MD**

Mailing Address 2555 E Plateau Drive

City State Zip Code  
 Boise ID 83712

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

Name of Employer Occupation  
 Mountain States Neonatology, Inc. Neonatologist

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 625.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A3927C4AA94FA456699B**

Amount of Each Receipt this Period  
 62.50

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Barry M Lawson MD**

Mailing Address 5497 170 Place SE

City State Zip Code  
 Bellevue WA 98006

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 ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A24A42FDA428E49318F0**

Amount of Each Receipt this Period  
 50.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00

**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 57 OF 141  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Vicki Leamy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2523 Sheep Creek Rd  
 City Bedford State VA Zip Code 24523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Adv Practioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 432.50

Date of Receipt: 05 / 15 / 2014  
**Transaction ID : AF3513EBA25E64992A64**  
 Amount of Each Receipt this Period: 62.50  
 Payroll Deduction

**B. Vicki Leamy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2523 Sheep Creek Rd  
 City Bedford State VA Zip Code 24523  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Dir Adv Practioners  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 495.00

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A7B6B700B6B1C4BF6B0F**  
 Amount of Each Receipt this Period: 62.50  
 Payroll Deduction

**C. Jonathan J Lee MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1806 Intervail Dr  
 City Austin State TX Zip Code 78746  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: American Anesthesiology of Texas, Inc. Occupation: Anesthesiologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A4AE09F22C9734124B9A**  
 Amount of Each Receipt this Period: 50.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 175.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 58 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 1000 1st Avenue  
1900

City Seattle State WA Zip Code 98104

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A4A1F6ED15F9F4A998B0**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
900.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : AB8BAB90CB8604D36B3A**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A0D02362E10E1464FBC8**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 141
	<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. 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 Occupation  
Pediatrix Medical Group, Inc. VP Program Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : A09460E5ACD3F4B8FB71**

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 Occupation  
Pediatrix Medical Group of Florida, In Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : ADE7245A31D424C16A60**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

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

City Charlotte State NC Zip Code 28202

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

Name of Employer Occupation  
American Anesthesiology of the Southea Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : AA81432C1358B4DF0BF0**

Amount of Each Receipt this Period  
75.00

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 141
	<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 LowerySmith MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 7821 Night Hawk Road

City Chattanooga State TN Zip Code 37421

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3333.35

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A6E82A65587B843F095C**

Amount of Each Receipt this Period  
666.67

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

City Wilmington State NC Zip Code 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : A4ED0309AFBA24B2EB2D**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

City Wilmington State NC Zip Code 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : AF8F687CFEBB44F0A986**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 62 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 430 NE 8th Avenue

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A7E0D8F5B4D6C420199A**

Amount of Each Receipt this Period 45.00

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1143.36

Date of Receipt 05 / 15 / 2014  
**Transaction ID : A4F1A1EEE2FA2417D9C7**

Amount of Each Receipt this Period 127.04

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1270.40

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A20E4F1E0F1AD43EDB80**

Amount of Each Receipt this Period 127.04

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 299.08

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 63 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. 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 ▼  
1493.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A9033C4505DA6467EB38**

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 ▼  
1680.48

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AD38A836CF62646B0B7B**

Amount of Each Receipt this Period  
186.72

Payroll Deduction

**C. Eric W Mason MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 333 Las Olas Way  
Apt 3005

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2083.35

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A6B9163039A3D49F488B**

Amount of Each Receipt this Period  
416.67

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	790.11
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 141
	<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. 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 ▼  
 2083.35

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AFC2EE9B8148A447E924**  
 Amount of Each Receipt this Period  
 416.67  
 Payroll Deduction

**B. Jorge McCormack MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7 Brightwaters Circle NE  
 City St Petersburg State FL Zip Code 33704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Pediatric Cardiologist  
 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  
 05 / 30 / 2014  
**Transaction ID : A4B17B9F70C944AA2B76**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. Harlan McCulloch MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7528 Waterview Drive  
 City Cornelius State NC Zip Code 28031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of the Southea Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AFCE9D3F56A3445C2BEC**  
 Amount of Each Receipt this Period  
 75.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	591.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 141
	<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. Bahman Mehdizadeh MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 25470 Prado De Las Bellotas  
 City Calabasas State CA Zip Code 91302  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of California, Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A2F6924BBAC8E440B9B2**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**B. Hugh Miller MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7417 N Secret Canyon Drive  
 City Tucson State AZ Zip Code 85718  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Obstetrix Medical Group of Arizona, P. Medical Director PERI  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A9C7122B5AC66413BBDC**  
 Amount of Each Receipt this Period  
 150.00  
 Payroll Deduction

**C. Khawar Mohsini MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1635 Linden Place  
 City Saginaw State MI Zip Code 48638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Michigan, P Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3500.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A07396E825935429D8D7**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 141
	<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) <b>A. Melissa P Montague</b>		Date of Receipt
Mailing Address 228 Geese Landing		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Glen Allen	State VA	Zip Code 23060
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A5E8C2B9711F8418D8F4</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="95.00"/>
Occupation Director of Operations		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="855.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Melissa P Montague</b>		Date of Receipt
Mailing Address 228 Geese Landing		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Glen Allen	State VA	Zip Code 23060
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A9011694D5352479E834</b>
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="95.00"/>
Occupation Director of Operations		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="950.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Phillip L Morris</b>		Date of Receipt
Mailing Address 512 Dimock Way		<input type="text" value="05"/> / <input type="text" value="09"/> / <input type="text" value="2014"/>
City Wake Forest	State NC	Zip Code 27587
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A35A53560B70C4EC4A9B</b>
Name of Employer American Anesthesiology of North Carol		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Chief CRNA		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"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="240.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 67 OF 141
	(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

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. Phillip L Morris**

Mailing Address 512 Dimock Way

City Wake Forest State NC Zip Code 27587

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

Name of Employer American Anesthesiology of North Carol Occupation Chief CRNA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 23 / 2014**

**Transaction ID : AC5841817916041778A0**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Daniel Murphy MD**

Mailing Address 435 S Tryon Street Apt 904 Unit 904

City Charlotte State NC Zip Code 28202

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : ADCB91775F12041BEB7F**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Christopher P Murray MD**

Mailing Address 11566 Snow Creek Ave

City Las Vegas State NV Zip Code 89135

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 15 / 2014**

**Transaction ID : A666461C9038A415AAB7**

Amount of Each Receipt this Period  
**25.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **125.00**

**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 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. Christopher P Murray MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11566 Snow Creek Ave  
 City Las Vegas State NV Zip Code 89135  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Hospitalist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **250.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : AACD1C3362B034C87BD3**  
 Amount of Each Receipt this Period **250.00**  
 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 **750.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : AE8030F5D1197449BA3A**  
 Amount of Each Receipt this Period **150.00**  
 Payroll Deduction

**C. 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 **2080.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A0FC0CBC1FEC74B2991E**  
 Amount of Each Receipt this Period **416.00**  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **591.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 69 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Kathleen S O'Hara</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : ABAA4D2DEF93D46E1B97</b>
Mailing Address 760 Azalea Ct		Amount of Each Receipt this Period 50.00
City Plantation	State FL	Zip Code 33317
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir of Coding	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

Full Name (Last, First, Middle Initial) <b>B. Kathleen S O'Hara</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A578B71CA0C6940A78D8</b>
Mailing Address 760 Azalea Ct		Amount of Each Receipt this Period 50.00
City Plantation	State FL	Zip Code 33317
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir of Coding	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Chien Oh MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AB76673DB92FD4C5A9D5</b>
Mailing Address 10997 E Raintree Drive		Amount of Each Receipt this Period 125.00
City Scottsdale	State AZ	Zip Code 85255
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Phoenix, P.	Occupation Medical Director PERI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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. 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 **1250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : A643CBD586A91452CA95**  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction

**B. Alan B Oliver**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 336 Golf View Road 603  
 City North Palm Beach State FL Zip Code 33408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Group, Inc.  
 Occupation: Regional President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250.00**

Date of Receipt: 05 / 30 / 2014  
**Transaction ID : AEACB5DC4785E4951B58**  
 Amount of Each Receipt this Period: 250.00  
 Payroll Deduction

**C. 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 **540.00**

Date of Receipt: 05 / 15 / 2014  
**Transaction ID : A442B63F6804640378F3**  
 Amount of Each Receipt this Period: 60.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **560.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼ **600.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A518D4DF605FB470A998**

Amount of Each Receipt this Period  
**600.00**

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 ▼ **750.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : AD394483A3E6F4A3EB46**

Amount of Each Receipt this Period  
**150.00**

Payroll Deduction

**C. Brian J Palank JRMD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Metropolitan Ave Unit 403

City Charlotte State NC Zip Code 28204

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 30 / 2014**

**Transaction ID : A03534909BBD34CFC82D**

Amount of Each Receipt this Period  
**75.00**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>285.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 72 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

Mailing Address 10126 Summit View Pt

City Highland Ranch State CO Zip Code 80126

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : AFD1A6EED7E164A6AB35**

Amount of Each Receipt this Period 100.00

Payroll Deduction

**B. Jeanne P Parke**  
Full Name (Last, First, Middle Initial)

Mailing Address 7193 Lake Island Dr

City Lake Worth State FL Zip Code 33467

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : ACFD648AD4395428DB17**

Amount of Each Receipt this Period 25.00

Payroll Deduction

**C. Jeanne P Parke**  
Full Name (Last, First, Middle Initial)

Mailing Address 7193 Lake Island Dr

City Lake Worth State FL Zip Code 33467

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : AFBCEF48FF278438391E**

Amount of Each Receipt this Period 25.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 141
	<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. Jason E Pate**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 President George Bush Tpk  
Suite 250

City Richardson State TX Zip Code 75082

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 ▼ **225.00**

Date of Receipt: **05 / 15 / 2014**  
**Transaction ID : A301F37998D5742369D0**

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

Payroll Deduction

**B. Jason E Pate**  
Full Name (Last, First, Middle Initial)

Mailing Address 3001 President George Bush Tpk  
Suite 250

City Richardson State TX Zip Code 75082

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 ▼ **250.00**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A7F27BA898AC648E79C5**

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

Payroll Deduction

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

Mailing Address 3005 Scenic Drive

City Austin State TX Zip Code 78703

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

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

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A622BBEAA406C42F0975**

Amount of Each Receipt this Period: **500.00**

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 74 OF 141
	<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. Darren Patz**  
Full Name (Last, First, Middle Initial)

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1874.97**

Date of Receipt **05 / 15 / 2014**  
Transaction ID : **A9889A90012724A1FB39**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 253 NE 99th Street

City Miami Shores State FL Zip Code 33138

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2083.30**

Date of Receipt **05 / 30 / 2014**  
Transaction ID : **A8932D5BC8E1645B79D8**

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 313 NE 2nd St 904

City Ft Lauderdale State FL Zip Code 33301

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **05 / 15 / 2014**  
Transaction ID : **A3B95702BB19742DE922**

Amount of Each Receipt this Period **50.00**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **466.66**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 75 OF 141
	<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) <b>A. Joshua Peck</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AFC89691C760B4B8A99F</b>
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 50.00
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology, Inc.	Occupation Dir Practice Integration
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. John Pepia</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A3B69265996ED431885D</b>
Mailing Address 20160 Ocean Key Dr		Amount of Each Receipt this Period 400.00
City Boca Raton	State FL	Zip Code 33498
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Accounting & Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Carlos Perez MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A1074E22954474E53890</b>
Mailing Address PO Box 11913		Amount of Each Receipt this Period 416.67
City San Juan	State PR	Zip Code 00922-1913
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, S.P.	Occupation Regional President
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1250.01	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	866.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Maria R Pierce MD</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : AF21FEB1FEDD840D1AA3</b>
Mailing Address 33 W Elm Circle		Amount of Each Receipt this Period 208.33
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 ▼ 1874.97	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. Maria R Pierce MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A72AEB7329F7F481EAEC</b>
Mailing Address 33 W Elm Circle		Amount of Each Receipt this Period 208.33
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 ▼ 2083.30	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Arnold Poole</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : AC34B0BFE7FAF4057A7C</b>
Mailing Address 12149 Huske Road		Amount of Each Receipt this Period 183.89
City Stony Creek	State VA	Zip Code 23882
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1655.01	
Payroll Deduction		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 77 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼  
1838.90

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : AA83DEAC9B52F42B09F8**

Amount of Each Receipt this Period  
183.89

Payroll Deduction

**B. Mary J Poulson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1954 S Parfet Drive

City State Zip Code  
Lakewood CO 80227

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2014  
**Transaction ID : A258ECCE1DFF542E48F5**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**C. Mary J Poulson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1954 S Parfet Drive

City State Zip Code  
Lakewood CO 80227

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Compliance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014  
**Transaction ID : A6C5F2AA896F04AD1870**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	283.89
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 78 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. George Powers MD</b>		Date of Receipt
Mailing Address 109 Sequoia Drive		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AD4BD0F714E7C45B7BB0</b>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="900.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. George Powers MD</b>		Date of Receipt
Mailing Address 109 Sequoia Drive		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City San Antonio	State TX	Zip Code 78232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : AFF501C535F8546D0B8D</b>
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Amount of Each Receipt this Period <input type="text" value="100.00"/>
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) <b>C. Richard Powers MD</b>		Date of Receipt
Mailing Address 110 Gemini Ct		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Los Gatos	State CA	Zip Code 95032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : A55244F32F31C4CF1926</b>
Name of Employer Pediatrix Medical Group of California,	Occupation Medical Director	Amount of Each Receipt this Period <input type="text" value="100.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2800.00"/>	Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 79 OF 141
	<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. Mark P Preziosi MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3144 Legends Circle  
 City Lakeland State FL Zip Code 33803  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Florida, In Corp Med Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 390.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : AC215C20C87604FA9A4B**  
 Amount of Each Receipt this Period 85.00  
 Payroll Deduction

**B. Jeanne Proia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4441 NE 30th Terr  
 City Lighthouse Pt State FL Zip Code 33064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Dir Bus Dev Internal  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2014  
**Transaction ID : A386EC57122144B478C4**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

**C. Jeanne Proia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4441 NE 30th Terr  
 City Lighthouse Pt State FL Zip Code 33064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax Services, Inc. Dir Bus Dev Internal  
 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  
 05 / 30 / 2014  
**Transaction ID : AE808C8D7794B44929F2**  
 Amount of Each Receipt this Period 50.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	185.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 80 OF 141
	<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. Jamie A Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Blenheim Place

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : A910F7E10B6BD471D83C**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B. Jamie A Ramsay MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 6105 Blenheim Place

City State Zip Code  
Wilmington NC 28409

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

Name of Employer Occupation  
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A56F80A7E73C04D1B912**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

Mailing Address 2581 Luberon Drive

City State Zip Code  
Henderson NV 89044

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
450.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : ABE124D4067EB42698C3**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 141
	<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. Patricia Ramsay MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2581 Luberon Drive  
 City Henderson State NV Zip Code 89044  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A7E96D3712D6143DEB6D**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**B. Evelyn Rider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Meadowlark Ridge Rd  
 City Great Falls State MT Zip Code 59405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450.00**

Date of Receipt **05 / 15 / 2014**  
**Transaction ID : A70AEEFB5D3A24248B35**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

**C. Evelyn Rider MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Meadowlark Ridge Rd  
 City Great Falls State MT Zip Code 59405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Alaska Neonatology Associates, Inc. Occupation Neonatologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt **05 / 30 / 2014**  
**Transaction ID : A5AF7AF93BF5D4001AEE**  
 Amount of Each Receipt this Period **50.00**  
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 141
	<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. Robert P Rieker MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 708 Marlowe Road

City Raleigh State NC Zip Code 27609

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 ▼ 250.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : A6E50F0DE06B84BBFACE**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467

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

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 750.00

Date of Receipt 05 / 15 / 2014  
**Transaction ID : AD20BD750A2C74B8B9D9**

Amount of Each Receipt this Period 50.00

Payroll Deduction

**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 ▼ 800.00

Date of Receipt 05 / 30 / 2014  
**Transaction ID : AC3F84787B8274A39907**

Amount of Each Receipt this Period 50.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 83 OF 141
	<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) <b>A. Brian Rosenberg</b>		Date of Receipt
Mailing Address 7366 NW 108th Way		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AE9C8FCB90A354736A0C</b>
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation Dir Training & Dev't		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="270.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Brian Rosenberg</b>		Date of Receipt
Mailing Address 7366 NW 108th Way		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A23ACFF45381648C1BAA</b>
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Occupation Dir Training & Dev't		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Kasandra Rossi</b>		Date of Receipt
Mailing Address 7603 NW 113th Avenue		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A08BF0B2BF2AB4C48A40</b>
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="25.00"/>
Occupation Dir Financial Reporting		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="225.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="85.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 84 OF 141
	<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. Kasandra Rossi**  
Full Name (Last, First, Middle Initial)

Mailing Address 7603 NW 113th Avenue

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

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

Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting
---	---------------------------------------

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
05	/	30	/	2014

**Transaction ID : AE0B08C071B534566934**

Amount of Each Receipt this Period  
250.00

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 ▼  
900.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : A81630BC2F00141BAA28**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**c. Linda Sacks MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 406 Wheeler Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A411AD844B8D04D4DBF0**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 85 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 16741 100 Norman Place

City Cornelius State NC Zip Code 28031

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : AB5B73423A8E24F84A17**

Amount of Each Receipt this Period **75.00**

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **807.12**

Date of Receipt **05 / 15 / 2014**

**Transaction ID : AA0F44ACC43A6455580E**

Amount of Each Receipt this Period **89.68**

Payroll Deduction

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

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **896.80**

Date of Receipt **05 / 30 / 2014**

**Transaction ID : A559479B657854BD6B5B**

Amount of Each Receipt this Period **89.68**

Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... **254.36**

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

**SCHEDULE A (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 141
	<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

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. Tami Sands**  
Full Name (Last, First, Middle Initial)

Mailing Address 1650 S Banana River Drive

City	State	Zip Code
Merritt Island	FL	32952

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A57EC5E607E7E4A4797A**

Amount of Each Receipt this Period  
208.00

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City	State	Zip Code
Punta Gorda	FL	33950

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1312.50

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 15 / 2014

**Transaction ID : A263660F1243140FAB31**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City	State	Zip Code
Punta Gorda	FL	33950

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1375.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014

**Transaction ID : A2EFA0AC1E0414EBBBA0**

Amount of Each Receipt this Period  
62.50

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	145.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 87 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Ray Y Sato MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2000 Alaskan Way  
349

City Seattle State WA Zip Code 98121

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A8DDD92B125B440FCA5C**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

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

Mailing Address 4610 E Gold Finch Gate Lane

City Phoenix State AZ Zip Code 85044

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 07 / 2014  
**Transaction ID : A6E975C6277CE46D8885**

Amount of Each Receipt this Period  
300.00

**C. Jonathan Schwartz MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court South

City Jacksonville State FL Zip Code 32224

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : AA90CD4DF752B4DB2BF2**

Amount of Each Receipt this Period  
60.00

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	410.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 88 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt: **05 / 15 / 2014**  
**Transaction ID : ADAB83EFD65E24CC281E**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**B. Clair A Schwendeman MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17616 Ivy Hill Drive  
 City Dallas State TX Zip Code 75287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A9D48AEAF9B094841880**  
 Amount of Each Receipt this Period: **100.00**  
 Payroll Deduction

**C. Whitney Scott MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2020 Vinnings Place  
 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 Assoc  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A903278D9A6704423998**  
 Amount of Each Receipt this Period: **50.00**  
 Payroll Deduction

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

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

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

FOR LINE NUMBER: PAGE 89 OF 141  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     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. Lalit K Shah MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2840 NE 36 St  
 City Ft Lauderdale State FL Zip Code 33308  
 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 ▼  
 250.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A45204F52784B4593B4F**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**B. Donna E. Shalala**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11355 Four Fillies Rd  
 City Miami State FL Zip Code 33156-4241  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mednax, Inc Board Of Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 05 / 09 / 2014  
**Transaction ID : AA736F4375D5E40CCB25**  
 Amount of Each Receipt this Period  
 5000.00

**C. Cecil G Sharp MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 576 Medinah Drive  
 City Augusta State GA Zip Code 30907  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Georgia, P. Corp Med Director NICU  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 225.00

Date of Receipt  
 05 / 30 / 2014  
**Transaction ID : A3A6AFB3A2B6E44D68C8**  
 Amount of Each Receipt this Period  
 45.00  
 Payroll Deduction

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5095.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 90 OF 141
	<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. Richard A Sidebottom MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1305 Byron Nelson Pkwy

City	State	Zip Code
Southlake	TX	76092

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A71E5BFE353754F48836**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

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

Mailing Address 17 Captain's Point

City	State	Zip Code
Greensboro	NC	27455

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

Name of Employer	Occupation
Southeast Anesthesiology Consultants,	Anesthesiologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A5BCAE35FC18A482D867**

Amount of Each Receipt this Period  

50.00
-------

Payroll Deduction

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

Mailing Address 3050 FM 1799

City	State	Zip Code
Mineola	TX	75773-4076

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	Neonatologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AC1B1C8445A0942A4BF8**

Amount of Each Receipt this Period  

100.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 91 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Brenda Sommer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4871 Acorn Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **515.77**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AF67752874DC14B6D897**

Amount of Each Receipt this Period  

62.39
-------

Payroll Deduction

**B. Brenda Sommer**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4871 Acorn Street

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **578.16**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A5788C10529AF46D7A2E**

Amount of Each Receipt this Period  

62.39
-------

Payroll Deduction

**C. Bharath Srivatsa MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1917 North Akin Drive NE

City Atlanta	State GA	Zip Code 30345-3951
-----------------	-------------	------------------------

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

Name of Employer Neonatology Associates of Atlanta, P.C	Occupation Neonatologist
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2014

**Transaction ID : A57659BE6E9B24A2AAB5**

Amount of Each Receipt this Period  

200.00
--------

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>324.78</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 92 OF 141
	<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. 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 Occupation  
Pediatrix Medical Services, Inc. Medical Director NICU

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **625.00**

Date of Receipt  
**05 / 30 / 2014**

**Transaction ID : A826B12A137444B7FABC**

Amount of Each Receipt this Period  
**125.00**

Payroll Deduction

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

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **765.00**

Date of Receipt  
**05 / 15 / 2014**

**Transaction ID : A772BB11A06354D23B99**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction

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

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer Occupation  
Mednax Services, Inc. Dir Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **850.00**

Date of Receipt  
**05 / 30 / 2014**

**Transaction ID : A613BCBD465A14B96BD2**

Amount of Each Receipt this Period  
**85.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 93 OF 141
	<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. Barry Stowe MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2021 Coniston Place

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 ▼ **250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AF1C90F91D3AA46ECBF6**

Amount of Each Receipt this Period  
**50.00**

Payroll Deduction

**B. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 NE 48th Court

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

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

Name of Employer American Anesthesiology, Inc.	Occupation VP Practice Integration
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **416.68**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AE37F220BA09447F7A3C**

Amount of Each Receipt this Period  
**104.17**

Payroll Deduction

**C. Milissa Stubbs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2751 NE 48th Court

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

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

Name of Employer American Anesthesiology, Inc.	Occupation VP Practice Integration
---	---------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.85**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A6E1DC2902C5548D6912**

Amount of Each Receipt this Period  
**104.17**

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>258.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 141
	<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. Terrence J Sweeney MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 727 17th Avenue East  
 City Seattle State WA Zip Code 98112  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Washington, Medical Director NICU  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A4F589237CFF74F628D9**  
 Amount of Each Receipt this Period  
 140.00  
 Payroll Deduction

**B. Kassell Sykes MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6705 Greywalls Lane  
 City Raleigh State NC Zip Code 27614  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of North Carol 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  
 05 / 30 / 2014  
**Transaction ID : A7C205285615B4EB2B7C**  
 Amount of Each Receipt this Period  
 50.00  
 Payroll Deduction

**C. Bannie Lee Tabor MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5020 Still Meadow Drive  
 City Ft Worth State TX Zip Code 76132  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Services, Inc. Medical Director PERI  
 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  
 05 / 30 / 2014  
**Transaction ID : AE85EB7CC5F494158AA9**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	390.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 95 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mark Tatz MD</b>		Date of Receipt MM / DD / YYYY 05 / 16 / 2014 <b>Transaction ID : AC49117E8373D4C1A889</b>
Mailing Address 802 Fernwood Road		Amount of Each Receipt this Period 500.00
City Moorestown	State NJ	Zip Code 08057
FEC ID number of contributing federal political committee. C		
Name of Employer Burlington Anesthesia Associates, P.A.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. B Keith Taylor MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : AA8E1064C57EE47E39D7</b>
Mailing Address 108 Linden Avenue		Amount of Each Receipt this Period 100.00
City Lynchburg	State VA	Zip Code 24503
FEC ID number of contributing federal political committee. C		
Name of Employer Pediatrix Medical Group, P.C.	Occupation Corp Med Director NICU	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Thailer MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A27BFFF31889249EA963</b>
Mailing Address 7027 Summerhill Ridge Dr		Amount of Each Receipt this Period 50.00
City Charlotte	State NC	Zip Code 28226
FEC ID number of contributing federal political committee. C		
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 96 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Pamela N Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 2121 NW 76th Terrace

City Margate	State FL	Zip Code 33063
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation VP Clinical Services
---	------------------------------------

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
05	/	30	/	2014

**Transaction ID : A4C6ED410C3CE45CDB7F**

Amount of Each Receipt this Period  

3	2	1	0	.	0	0
50.00						

Payroll Deduction

**B. 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 ▼ **1494.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : ABE95276EE1F14F7CBDD**

Amount of Each Receipt this Period  

3	2	1	0	.	0	0
166.00						

Payroll Deduction

**C. Harris Thompson**  
Full Name (Last, First, Middle Initial)

Mailing Address 7643 NW 122nd Drive

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

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

Name of Employer American Anesthesiology, Inc.	Occupation Regional President
---	----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1660.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A2CBFFABF9C4D40BB8C7**

Amount of Each Receipt this Period  

3	2	1	0	.	0	0
166.00						

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>382.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 97 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Robin Thornton MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9 Huntington Drive

City Burlington	State NJ	Zip Code 08016
--------------------	-------------	-------------------

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 ▼ **208.35**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AD98092CABB574F65859**

Amount of Each Receipt this Period  

41.67
-------

Payroll Deduction

**B. Scott Tisdell MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1420 Crownhill DR

City Arlington	State TX	Zip Code 76012
-------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1136.35**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A5BDE463D2058479BB4C**

Amount of Each Receipt this Period  

227.27
--------

Payroll Deduction

**C. Joe Toney MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5459 S Krameria St

City Greenwood Village	State CO	Zip Code 80111
---------------------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A662B683A14CD4406842**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>468.94</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 98 OF 141
	<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. Susan F Townsend MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5450 Autumn Court  
 City Greenwood Village State CO Zip Code 80111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pediatrix Medical Group of Colorado, P Neonatologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2125.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A158FF20F73DC419B94C**  
 Amount of Each Receipt this Period  
 125.00  
 Payroll Deduction

**B. Robert M Treadway MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Briar Stream Run  
 City Raleigh State NC Zip Code 27612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Anesthesiology of North Carol Anesthesiologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A0AA8CC4674A4474D917**  
 Amount of Each Receipt this Period  
 100.00  
 Payroll Deduction

**C. Wendy Troyer MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1274 Redfield Ridge  
 City Atlanta State GA Zip Code 30338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Neonatology Associates of Atlanta, P.C Corporate Medical Directr  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 30 / 2014  
**Transaction ID : A5C42E608123447EDBE3**  
 Amount of Each Receipt this Period  
 200.00  
 Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	425.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 99 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Gary A Twiggs MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 24761 Judi Court Ste 4000		<b>Transaction ID : A4AA6AFA2C0F54503ADE</b>
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	Amount of Each Receipt this Period 416.67
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2083.35	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>B. Karen R Underwood MD</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014
Mailing Address 11834 N 142nd Street		<b>Transaction ID : A74A153A7E1E34875ABA</b>
City Scottsdale	State AZ	Zip Code 85259
FEC ID number of contributing federal political committee.	C	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Amount of Each Receipt this Period 208.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1041.65	Payroll Deduction

Full Name (Last, First, Middle Initial) <b>C. Karen R Underwood MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014
Mailing Address 11834 N 142nd Street		<b>Transaction ID : A9BF1D97CAA06456FBC4</b>
City Scottsdale	State AZ	Zip Code 85259
FEC ID number of contributing federal political committee.	C	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations	Amount of Each Receipt this Period 208.33
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1249.98	Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 100 OF 141
	<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. Alfonso Vargas MD**

Mailing Address 410 Starfire Causeway

City Oldsmar State FL Zip Code 34677

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : A5EF31929983F420FB8D**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**B. Dinh Vu MD**

Mailing Address 3307 Mendenaro Court

City Fallbrook State CA Zip Code 92028

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

Name of Employer Occupation  
Magella Medical Group, Inc. Obstetric Hospitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
05 / 15 / 2014  
**Transaction ID : AE67E9721A6C74C42BAC**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

Full Name (Last, First, Middle Initial)  
**C. Dinh Vu MD**

Mailing Address 3307 Mendenaro Court

City Fallbrook State CA Zip Code 92028

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

Name of Employer Occupation  
Magella Medical Group, Inc. Obstetric Hospitalist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
05 / 30 / 2014  
**Transaction ID : AB8BF52E05D28425AB28**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

**A. 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 ▼ **625.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A46065D11802F41C79AC**

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 ▼ **1250.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A64948B87AF5E4D918AD**

Amount of Each Receipt this Period  

250.00
--------

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 ▼ **1800.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AF6F5731F3BA24792AC0**

Amount of Each Receipt this Period  

200.00
--------

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>575.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 102 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) <b>A. Mary Wearden MD</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A1BFD1D6CA1C64E5A974</b>
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	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 ▼ 2000.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>B. William Wegh DO</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2014 <b>Transaction ID : A6AB5523F4545444C83B</b>
Mailing Address 1812 Funny Cide Ln		Amount of Each Receipt this Period 75.00
City Waxhaw	State NC	Zip Code 28173
FEC ID number of contributing federal political committee. C	Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) <b>C. Mike Williams</b>		Date of Receipt MM / DD / YYYY 05 / 15 / 2014 <b>Transaction ID : A1F831938291C4834A07</b>
Mailing Address 11287 Crutchfields Ct		Amount of Each Receipt this Period 100.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	
Payroll Deduction		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 103 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

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

**A. Mike Williams**  
Full Name (Last, First, Middle Initial)

Mailing Address 11287 Crutchfields Ct

City State Zip Code  
Glen Allen VA 23059

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

Name of Employer Occupation  
Critical Health Systems, Inc. VP Revenue Cycle Mgmt

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : A1FDBCCB261504F9E861**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  
MM / DD / YYYY  
05 / 15 / 2014

**Transaction ID : A0EC3F97570C84BA5985**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

Mailing Address 2100 South Ocean Blv  
Blv

City State Zip Code  
Fort Lauderdale FL 33316

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.00

Date of Receipt  
MM / DD / YYYY  
05 / 30 / 2014

**Transaction ID : A8AFC83E716FA44B5950**

Amount of Each Receipt this Period  
125.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 141
	<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. Janet G Wingkun MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 1178 Breakers West Blvd  
City West Palm Beach State FL Zip Code 33411

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

Name of Employer: Pediatrix Medical Group of Florida, Inc. Occupation: Neonatologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.02**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A778DF1BB5373480EAD0**

Amount of Each Receipt this Period: **83.34**

Payroll Deduction

**B. Karen S Witte**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Concord Terrace  
City Sunrise State FL Zip Code 33323-0000

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

Name of Employer: Mednax Services, Inc. Occupation: Asst ControllerDISBMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt: **05 / 15 / 2014**  
**Transaction ID : A9FCA2CD490194A66871**

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

Payroll Deduction

**C. Karen S Witte**  
Full Name (Last, First, Middle Initial)

Mailing Address 1301 Concord Terrace  
City Sunrise State FL Zip Code 33323-0000

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

Name of Employer: Mednax Services, Inc. Occupation: Asst ControllerDISBMT

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **05 / 30 / 2014**  
**Transaction ID : A867DF12CEA404193A62**

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

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>133.34</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 105 OF 141
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

**A. Terri Wohlever**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4106 Rive Lane

City Addison	State TX	Zip Code 75001
-----------------	-------------	-------------------

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 ▼  
225.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

**Transaction ID : AA5CF5F890E56434DBD1**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**B. Terri Wohlever**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4106 Rive Lane

City Addison	State TX	Zip Code 75001
-----------------	-------------	-------------------

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 ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A48DB67ED0B6C4E4CAF1**

Amount of Each Receipt this Period  
25.00

Payroll Deduction

**C. Lydia N Wright MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3224 Shadow Court

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

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

Name of Employer Obstetrix Medical Group of Coastal Car	Occupation Medical Director
--	--------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
208.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A047353364C064EA5A2D**

Amount of Each Receipt this Period  
41.70

Payroll Deduction

<b>SUBTOTAL</b> of Receipts This Page (optional).....	91.70
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 141
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

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

Mailing Address 908 Symphony Circle SW

City Vienna	State VA	Zip Code 22180
----------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : A0FA2038CC1104291832**

Amount of Each Receipt this Period  
100.00

Payroll Deduction

**B. David C Yarnall MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 12519 Nathaniel Oaks Dr

City Oak Hill	State VA	Zip Code 20171
------------------	-------------	-------------------

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

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

Receipt For:  
 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
05	/	30	/	2014

**Transaction ID : A89042741FBEC4EE481E**

Amount of Each Receipt this Period  
50.00

Payroll Deduction

**c. Gary L Yup MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 2301 Fireside Circle

City Reno	State NV	Zip Code 89509
--------------	-------------	-------------------

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2014

**Transaction ID : AD4F621E504F3455A8BD**

Amount of Each Receipt this Period  
200.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 107 OF 141
	<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) <b>A. Karen J Zimmerman</b>		Date of Receipt
Mailing Address 1799 S Lee Street Unit B		<input type="text" value="05"/> / <input type="text" value="15"/> / <input type="text" value="2014"/>
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A34F4F9BCA9FA435F944</b>
Name of Employer Obstetrix Medical Group of Colorado, P		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation Perinatal Nurse Practitioner		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="225.00"/>	

Full Name (Last, First, Middle Initial) <b>B. Karen J Zimmerman</b>		Date of Receipt
Mailing Address 1799 S Lee Street Unit B		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : A7B14CEF764844EDEA2D</b>
Name of Employer Obstetrix Medical Group of Colorado, P		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation Perinatal Nurse Practitioner		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) <b>C. Terrance J Zuerlein MD</b>		Date of Receipt
Mailing Address 21 Fontenay Circle		<input type="text" value="05"/> / <input type="text" value="30"/> / <input type="text" value="2014"/>
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : AFBE87EC23ABC48B78DE</b>
Name of Employer Pediatrix Medical Group of Arkansas, P		Amount of Each Receipt this Period <input type="text" value="250.00"/>
Occupation Medical Director NICU		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1250.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="48404.31"/>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 108 OF 141  
(check only one)

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

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. Mednax, Inc**

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 ▼  
550.06

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 08 / 2014

Transaction ID : **AFA3D47E3A6BE40558C5**

Amount of Each Receipt this Period  
52.78

Reimbursement for April bank fees

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	52.78
<b>TOTAL</b> This Period (last page this line number only).....▶	52.78

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

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

FOR LINE NUMBER: PAGE 109 OF 141  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  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. Dave Camp For Congress**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2501 Wisconsin Avenue  
 Suite 304  
 City Washington State DC Zip Code 20007-4543  
 FEC ID number of contributing federal political committee. **C** C00347476  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 07 / 2014  
**Transaction ID : A08C8B5ED2FCB4274921**  
 Amount of Each Receipt this Period  
 2500.00  
 Refund of 2/24/14 contribution

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

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

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement  
Bank fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2014

Transaction ID : B7A6B1C887CB842EDB42

Amount of Each Disbursement this Period

41.61
-------

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)..... ▶

41.61
-------

41.61
-------

**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

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. ALEXANDER FOR SENATE 2014 INC**

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

**Sen. Lamar Alexander**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : B676B5A6B2FD54631B53**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Andy Harris For Congress**

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

**Rep. Andy P. Harris**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MD District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 02 / 2014

**Transaction ID : B805807942B7042B9B6D**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. BENISHEK FOR CONGRESS, INC.**

Mailing Address PO BOX 108

City Gladstone State MI Zip Code 49837-0108

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

**Rep. Dan J. Benishek**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 21 / 2014

**Transaction ID : B47DC00DB541F4178BA7**

Amount of Each Disbursement this Period

1000.00

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

8500.00

**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

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. BRADY FOR CONGRESS**

Mailing Address P.O. BOX 8277

City THE WOODLANDS State TX Zip Code 77387

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name  
**Rep. Kevin P. Brady**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: TX District: 08

Date of Disbursement

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

Transaction ID : **BA456395CA340405D97B**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. CATHY MCMORRIS RODGERS FOR CONGRESS**

Mailing Address BOX 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Rep. Cathy A. McMorris Rodgers**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: WA District: 05

Date of Disbursement

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

Transaction ID : **B4561248737E14464AA3**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. GEORGE HOLDING FOR CONGRESS**

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name  
**Rep. George E.B. Holding**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : **B53D3D055A103477ABFF**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	2	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

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. GOAL PAC**

Mailing Address PO Box 30344

City State Zip Code  
Bethesda MD 20824-0344

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State: District:

Date of Disbursement

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

Transaction ID : **B11B307EFCF1A442CB18**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO BOX 12667

City State Zip Code  
BAKERSFIELD CA 93389

Purpose of Disbursement  
Political Contribution- General 2014

Candidate Name

**Rep. Kevin McCarthy**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State: CA District: 23

Date of Disbursement

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

Transaction ID : **B2F6EABD5EECE4BAD93/**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. LEADERSHIP OF TODAY AND TOMORROW**

Mailing Address 700 13TH STREET, NW  
SUITE 600

City State Zip Code  
Washington DC 20005-3960

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Other2014**

State: District:

Date of Disbursement

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

Transaction ID : **B588187C3ABFA4AE1955**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

5	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

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. LEGPAC**

Mailing Address 38 IVY ST., SE

City Washington State DC Zip Code 20003-4006

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

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

Transaction ID : **BD3564B20D82F4DC7A51**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Majority Committee**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

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

Transaction ID : **B12F420E2E5DA4834A6E**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Mike Crapo For Us Senate**

Mailing Address P.O. Box 1948

City Boise State ID Zip Code 83701-1948

Purpose of Disbursement  
Political Contribution- Primary 2016

Candidate Name

**Sen. Mike D. Crapo**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	1	6

Transaction ID : **BD906B535239F4C9FBD9**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. MOVING AMERICA FORWARD**

Mailing Address 972 W. WHITMIRE DRIVE

City Melbourne State FL Zip Code 32935-6972

Purpose of Disbursement  
Political Contribution- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) Other2014

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : **BF284B044C91B479290F**

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 WICHITA State KS Zip Code 67212

Purpose of Disbursement  
Political Contribution- General 2014

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	5		1	9		2	0	1	4

Transaction ID : **B76A011A21C3D4093BFE**

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. 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 L. Ellmers**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: NC

District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	4

Transaction ID : **BF799CA1B471E40F5899**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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

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. VERN BUCHANAN FOR CONGRESS**

Mailing Address P. O. BOX 48928

City SARASOTA State FL Zip Code 34230

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name  
**Rep. Vern G. Buchanan**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2014

Transaction ID : B98101399EE5A4D48836

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

2500.00
---------

61500.00
----------

**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

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. Campaign to Elect Paul Harris**

Mailing Address 1916 SE 130th Avenue

City Vancouver State WA Zip Code 98683

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : B0B160BAA69B34DAFB39**

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Andy Hill**

Mailing Address 23515 NE Novelty Hill Rd.  
Suite B221 #170

City Redmond State WA Zip Code 98053-1996

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : B3D2EF21CA1C549D39EB**

Amount of Each Disbursement this Period

350.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Andy Hill**

Mailing Address 23515 NE Novelty Hill Rd.  
Suite B221 #170

City Redmond State WA Zip Code 98053-1996

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 16 / 2014

**Transaction ID : B6AC5B2487006470CBC9**

Amount of Each Disbursement this Period

50.00

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

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

1350.00

**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

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. Citizens for Brian Feldman**

Mailing Address PO Box 34408

City State Zip Code  
Bethesda MD 20827-0408

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

/  /   
05 / 20 / 2014

**Transaction ID : BC45727EEF2964DB48FA**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Citizens for Dan Morhaim**

Mailing Address 400 Redland Court  
Suite 110

City State Zip Code  
Owings Mills MD 21117-3291

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

/  /   
05 / 20 / 2014

**Transaction ID : B30CBFA0FFA784B08B87**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Citizens for Delores Kelley**

Mailing Address PO Box 21514

City State Zip Code  
Baltimore MD 21282-1514

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

/  /   
05 / 08 / 2014

**Transaction ID : B58A81D3D44794F20879**

Amount of Each Disbursement this Period

250.00

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

750.00

**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 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

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. Citizens for Douglas J.J. Peters**

Mailing Address PO Box 1582

City Bowie State MD Zip Code 20717-1582

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Date of Disbursement

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

**Transaction ID : BBC8657EB53CE4837A32**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Catherine E. Pugh**

Mailing Address 325 N. Charles Suite  
Suite 301

City Baltimore State MD Zip Code 21201-4303

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Date of Disbursement

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

**Transaction ID : B1949C89495134BAB841**

Amount of Each Disbursement this Period

5	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Eileen Cody**

Mailing Address 5209 36th Avenue, SW

City Seattle State WA Zip Code 98126-2807

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

**Transaction ID : B3846CEEE7FF24171836**

Amount of Each Disbursement this Period

9	5	0	0	0	0
---	---	---	---	---	---

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

1	7	0	0	0	0
---	---	---	---	---	---

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

1	7	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Committee to Elect Jerry Sonnenberg**

Mailing Address 4465 CR 63

City Sterling State CO Zip Code 80751-8804

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

**Transaction ID : BD33114B589144BC48E3**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Committee to Elect Jerry Sonnenberg**

Mailing Address 4465 CR 63

City Sterling State CO Zip Code 80751-8804

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	1	4

**Transaction ID : B47E7DC28568E4221874**

Amount of Each Disbursement this Period

2	0	0	0	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee to Elect Joan Carter Conway**

Mailing Address 2831 Hillen Road

City Baltimore State MD Zip Code 21218-3144

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

**Transaction ID : B1BFDE9F994814E1ABD7**

Amount of Each Disbursement this Period

1	0	0	0	0	0
---	---	---	---	---	---

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

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

1	4	0	0	0	0
---	---	---	---	---	---

1	4	0	0	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Committee to Elect Kevin Van De Wege**

Mailing Address 10 Sable Court

City State Zip Code  
Sequim WA 98382

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **B44F5009A9BB442838DE**

Amount of Each Disbursement this Period

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Committee To Elect Steve Hobbs**

Mailing Address 3309 114th Dr. NE

City State Zip Code  
Lake Stevens WA 98258-8787

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **B99BC1A1B46454200A3A**

Amount of Each Disbursement this Period

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Committee To Elect Steve Hobbs**

Mailing Address 3309 114th Dr. NE

City State Zip Code  
Lake Stevens WA 98258-8787

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **B2ED7BE10EA824529A19**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	9	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Committee to Elect Theodore 'Ted' Sophocleus**

Mailing Address 8 Magnolia Ave

City State Zip Code  
Glen Burnie MD 21061-2060

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

Date of Disbursement

/  /   
05 / 20 / 2014

**Transaction ID : BAD84D89075404612AAC**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Ed Kasemeyer for Senate Committee**

Mailing Address 6636 Prestwick Drive

City State Zip Code  
Highland MD 20777-9735

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

Date of Disbursement

/  /   
05 / 20 / 2014

**Transaction ID : BDDBA20F7DAF384C9E881**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends for Dan Kristiansen**

Mailing Address P. O. Box 2007

City State Zip Code  
Snohomish WA 98291-2007

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

/  /   
05 / 29 / 2014

**Transaction ID : B936FD50D7F4543B3B80**

Amount of Each Disbursement this Period

950.00

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

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

1700.00

**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

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. Friends for George C. Edwards Committee**

Mailing Address PO Box 173

City Grantsville State MD Zip Code 21536-0173

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : B1CF4E4F77C274D7EA75

Amount of Each Disbursement this Period

250.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Anthony Brown**

Mailing Address 1101 Mercantile Lane  
Suite 220

City Upper Marlboro State MD Zip Code 20774-5360

Purpose of Disbursement  
Political Contribution- Cycle 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		29		2014

Transaction ID : B9D97374744E54E3AB3B

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**C. Friends of Ariana Kelly**

Mailing Address 5001 Wyandot Court

City Bethesda State MD Zip Code 20816-2205

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		20		2014

Transaction ID : B8A30934F27704F2BB2F

Amount of Each Disbursement this Period

250.00
--------

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

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

4500.00
---------

--

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Friends of Bonnie Cullison**

Mailing Address 3404 Beret Lane

City Silver Spring State MD Zip Code 20906-3026

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

**Transaction ID : B15B210C0042A46C5B08**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Friends of Clarence Lam**

Mailing Address PO Box 891

City Columbia State MD Zip Code 21044-0891

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

Date of Disbursement

MM / DD / YYYY  
05 / 20 / 2014

**Transaction ID : BCDB44816AB944692A26**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Friends of David Frockt**

Mailing Address PO Box 2114

City Seattle State WA Zip Code 98111

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

**Transaction ID : BBF9D1D26E6364FB3B46**

Amount of Each Disbursement this Period

950.00

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

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

1450.00

**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

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. Friends of Frank Chopp**

Mailing Address 1000 Aurora Ave N, Unit N-100

City State Zip Code  
Seattle WA 98109-3544

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : B3CAE34C1602D47D2BC5

Amount of Each Disbursement this Period

950.00

**B. Friends of Guy Guzzone**

Mailing Address 9702 Deep Smoke

City State Zip Code  
Columbia MD 21046-2807

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : B8C9D4F9CD9014FF5BEF

Amount of Each Disbursement this Period

250.00

**C. Friends of J.B. Jennings**

Mailing Address 2209 Old Joppa Road

City State Zip Code  
Joppa MD 21085-2209

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : B2DBB7C20FEF2401384A

Amount of Each Disbursement this Period

500.00

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

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

1700.00

**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

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. Friends of Jim Mathias**

Mailing Address 17 W. Courtland Street  
Suite 210

City Bel Air State MD Zip Code 21014-3737

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Cycle2014**

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 08 / 2014

Transaction ID : **BC648503D87A34BECA35**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Joe Fain**

Mailing Address PO Box 7809

City Covington State WA Zip Code 98042-0046

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : **B5E2165C6701A4F73B94**

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Fain**

Mailing Address PO Box 7809

City Covington State WA Zip Code 98042-0046

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : **BFDA3336739724AE6A15**

Amount of Each Disbursement this Period

900.00

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

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

1450.00

**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

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. Friends of John C. Astle**

Mailing Address 10 Spa Creek Landing

City Annapolis State MD Zip Code 21403-2360

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : **BCB6629E5C6F94D4E811**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Karen Keiser**

Mailing Address P. O. Box 13290

City Des Moines State WA Zip Code 98198-1005

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : **BC33252ED1E23435DBF4**

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**C. Friends of Kathy Szeliga**

Mailing Address PO Box 40

City Kingsville State MD Zip Code 21087-0040

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  
 House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
State: District: Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : **B71175C65C18F497E8B0**

Amount of Each Disbursement this Period

250.00

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

1700.00

**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 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

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. Friends of Ken Ulman**

Mailing Address 6321 Velvet Path

City Columbia State MD Zip Code 21044-6020

Purpose of Disbursement  
Political Contribution- Cycle 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : BBE5A8754384A4FB5890

Amount of Each Disbursement this Period

4000.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of Kirill Reznik**

Mailing Address 18469 Stone Hollow Drive

City Germantown State MD Zip Code 20874-2130

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)  Cycle2014

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : B28B212F6A96C4DF3847

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Larry Springer**

Mailing Address 700 20th Avenue W

City Kirkland State WA Zip Code 98033-4815

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : BD273AAAE0D0C4EEA8D

Amount of Each Disbursement this Period

900.00

Category/  
Type

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

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

5150.00

# 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

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. Friends of Larry Springer

Mailing Address 700 20th Avenue W

City State Zip Code  
Kirkland WA 98033-4815

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **BDCAF48DE99544A7CBFB**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### B. Friends of Laurie Jinkins

Mailing Address PO Box 2032

City State Zip Code  
Tacoma WA 98401-2032

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **BC6C84290557849D3B6B**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

### C. Friends of Laurie Jinkins

Mailing Address PO Box 2032

City State Zip Code  
Tacoma WA 98401-2032

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : **B8F81041AF34543588F2**

Amount of Each Disbursement this Period

9	0	0	.	0	0
---	---	---	---	---	---

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

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

1	0	0	.	0	0
---	---	---	---	---	---

1	0	0	.	0	0
---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Friends of Marcus Riccelli**

Mailing Address P. O. Box 1325

City Spokane State WA Zip Code 99210-1325

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 29 / 2014

**Transaction ID : BDA223CB0AD844853994**

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**B. Friends of Mike Busch**

Mailing Address PO Box 824

City Annapolis State MD Zip Code 21404-0824

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : B493C1FE33FF24E61A60**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Nic Kipke**

Mailing Address 296 Woodglen Place

City Pasadena State MD Zip Code 21122-5333

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
05 / 20 / 2014

**Transaction ID : B17E7F26B23EA44C0843**

Amount of Each Disbursement this Period

500.00

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

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

1950.00

**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

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. Friends of Peter A. Hammen**

Mailing Address 821 South Grundy St.

City Baltimore State MD Zip Code 21224-4346

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : B639D517348024EAAB3A

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Friends of Roger Manno**

Mailing Address 4405 Sunflower Drive

City Rockville State MD Zip Code 20853-1836

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : B9DDC6346BE99401A8BF

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Ron Young**

Mailing Address PO Box 724

City Frederick State MD Zip Code 21705-0724

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : BF519B09C579E469BA38

Amount of Each Disbursement this Period

250.00

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

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

1750.00

**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

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. Friends Of Ross Hunter**

Mailing Address PO Box 4204

City Bellevue State WA Zip Code 98009

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : B96E3A44085B8489EA05

Amount of Each Disbursement this Period

8	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends Of Ross Hunter**

Mailing Address PO Box 4204

City Bellevue State WA Zip Code 98009

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : B05EF6E54CE2544CE925

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Friends of Sharon Brown**

Mailing Address 4309 W. 27th Place

City Kennewick State WA Zip Code 99338-2904

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : B2761F1AFDEFF4C03827

Amount of Each Disbursement this Period

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	8	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	8	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Friends of Sharon Nelson**

Mailing Address 7318 SW 258th Pl.

City Vashon State WA Zip Code 98070-8507

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : B20A13636F03D4B57917

Amount of Each Disbursement this Period

50.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. Friends of Sharon Nelson**

Mailing Address 7318 SW 258th Pl.

City Vashon State WA Zip Code 98070-8507

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : B5FC40E66274C4909AEA

Amount of Each Disbursement this Period

850.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Friends of Steve O'Ban**

Mailing Address PO Box 65335

City University Place State WA Zip Code 98464-1335

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : B4ABA087F7FE24A21AC3

Amount of Each Disbursement this Period

50.00

Category/  
Type

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

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

950.00

**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

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. Friends of Steve O'Ban**

Mailing Address PO Box 65335

City State Zip Code  
University Place WA 98464-1335

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

**Transaction ID : BC1AB944CA6444F5CB4A**

Amount of Each Disbursement this Period

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends to Re-Elect Norman H. Conway**

Mailing Address 1312 Whittier Drive

City State Zip Code  
Salisbury MD 21801-3241

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	4

**Transaction ID : B6283C38337854B11A8C**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. House Democratic Campaign Committee**

Mailing Address 1000 Aurora Ave. N.  
Unit N-100

City State Zip Code  
Seattle WA 98109-3544

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

**Transaction ID : B96BF070632424BE98B7**

Amount of Each Disbursement this Period

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

2	3	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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. House Republican Organizational Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Mailing Address PO Box 7222

**Transaction ID : BCA16FACB024E41A18C2**

City Olympia State WA Zip Code 98507-7222

Amount of Each Disbursement this Period

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼ Other2014

State: District:

Full Name (Last, First, Middle Initial)

**B. Jan Angel for State Senate**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Mailing Address 5184 Granada Place SE

**Transaction ID : B049A8724AD40493F900**

City Port Orchard State WA Zip Code 98367-9535

Amount of Each Disbursement this Period

9	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C. JT Wilcox Campaign Committee**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Mailing Address PO Box 747

**Transaction ID : B791FAC41F6144128881**

City McKenna State WA Zip Code 98558-0747

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Category/Type
---------------

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

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

1	9	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

1	9	5	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. JT Wilcox Campaign Committee**

Mailing Address PO Box 747

City State Zip Code  
McKenna WA 98558-0747

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : BBD02AF7B74704912820

Amount of Each Disbursement this Period

900.00

Full Name (Last, First, Middle Initial)

**B. Judy Clibborn for State Representative**

Mailing Address P.O. Box 808

City State Zip Code  
Mercer Island WA 98040

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : B44AE08926DDC4810BAF

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**C. Kennedy Fund**

Mailing Address 1000 Aurora Ave. N.  
Suite 100

City State Zip Code  
Seattle WA 98109-3551

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

MM / DD / YYYY  
05 / 29 / 2014

Transaction ID : BA9CC23719F5D432398E

Amount of Each Disbursement this Period

1000.00

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

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

2850.00

**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

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. Mark Miloscia Committee**

Mailing Address 30720 19th Avenue S.

City State Zip Code  
Federal Way WA 98003-5103

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	5				2	9		2	0	1	4		

**Transaction ID : BF6CD7C37C06249BEAD2**

Amount of Each Disbursement this Period

9	5	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Marylanders for Mike Miller**

Mailing Address PO Box 219

City State Zip Code  
Clinton MD 20735-0219

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

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

**Transaction ID : B322FD2ED3A434B1CBC6**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. Marylanders for Richard Madaleno**

Mailing Address 11020 Burnley Terrace

City State Zip Code  
Silver Spring MD 20902-4428

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

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

**Transaction ID : B3034C52916694A5EBE2**

Amount of Each Disbursement this Period

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

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

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

1	9	5	0	0
---	---	---	---	---

1	9	5	0	0
---	---	---	---	---

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

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

FOR LINE NUMBER:  
(check only one)

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

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. Monique Trudnowski Campaign Committee**

Mailing Address 3800 Bridgeport Way W  
Stuie A-260

City University Place State WA Zip Code 98466-4495

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : B3057247BEA1B47A19B2

Amount of Each Disbursement this Period

950.00

Full Name (Last, First, Middle Initial)

**B. People for Shane E. R. Pendergrass**

Mailing Address PO Box 6711

City Columbia State MD Zip Code 21045-6711

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 20 / 2014

Transaction ID : BDBB77D0211F64263BE0

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Senate Republican Campaign Committee**

Mailing Address PO Box 11025

City Olympia State WA Zip Code 98508-1025

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 29 / 2014

Transaction ID : B350B29456BCB4AF8B70

Amount of Each Disbursement this Period

950.00

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

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

2150.00

**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

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. SIAS FOR COLORADO SENATE**

Mailing Address 12726 WEST 85TH CIRCLE

City Arvada State CO Zip Code 80005-1176

Purpose of Disbursement  
POLITICAL CONTRIBUTION- GENERAL 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : B43F1CC1A52BD445E81E

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. SIAS FOR COLORADO SENATE**

Mailing Address 12726 WEST 85TH CIRCLE

City Arvada State CO Zip Code 80005-1176

Purpose of Disbursement  
POLITICAL CONTRIBUTION- PRIMARY 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 30 / 2014

Transaction ID : B7C70E7661FDF4B3BB7B

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Supporters of Thomas 'Mac' Middleton**

Mailing Address PO Box 2502

City La Plata State MD Zip Code 20646-2502

Purpose of Disbursement  
Political Contribution- Primary 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 08 / 2014

Transaction ID : B9294A8AB161446BDA2E

Amount of Each Disbursement this Period

1000.00

Category/  
Type

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

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

1400.00

**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

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. The Leadership Council**

Mailing Address PO Box 11025

City Olympia State WA Zip Code 98508-1025

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : B649CCA5A3E1A49C99D2

Amount of Each Disbursement this Period

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. The Reagan Fund**

Mailing Address PO Box 904

City Olympia State WA Zip Code 98507-0904

Purpose of Disbursement  
POLITICAL CONTRIBUTION- 2014

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Other2014

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	9		2	0	1	4

Transaction ID : B6A2CBC05449141568EE

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Tim Robinson for Senate**

Mailing Address 2212 Dalewood Road

City Timonium State MD Zip Code 21093-2703

Purpose of Disbursement  
Political Contribution- 2014 Cycle

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Cycle2014

State: District:

Date of Disbursement

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

Transaction ID : B02BC3649141A4AA0958

Amount of Each Disbursement this Period

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

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

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

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

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

