

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		310164.17
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	516627.53									
(c) Total Receipts (from Line 19)	64843.34	386940.82								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	581470.87	697104.99								
7. Total Disbursements (from Line 31)	4497.67	120131.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	576973.20	576973.20								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	62634.29	379475.06
(ii) Unitemized	429.00	1047.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	63063.29	380522.56
(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)	63063.29	380522.56
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)	1780.05	3918.26
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2500.00
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 Transfer (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))	64843.34	386940.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	64843.34	386940.82

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	997.67	4631.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	997.67	4631.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	4500.00	111000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	-1000.00	4500.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	4497.67	120131.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4497.67	120131.79

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)	63063.29	380522.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	63063.29	380522.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	997.67	4631.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	1780.05	3918.26
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-782.38	713.53

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 96
(check only one)

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

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.

Full Name (Last, First, Middle Initial)
Amy Aaron

Mailing Address 620 Bluff Springs Rd

City State Zip Code
Fort Worth TX 76108

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

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Neonatal Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8184

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Amy Aaron

Mailing Address 620 Bluff Springs Rd

City State Zip Code
Fort Worth TX 76108

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

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Neonatal Nurse Practitioner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8185

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Francis Abdou

Mailing Address 3828 White Chapel Way

City State Zip Code
Raleigh NC 27615

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

Name of Employer: American Anesthesiology of NC
Occupation: Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8186

Amount of Each Receipt this Period
100.00

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: PAGE 7 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Lori Abolafia		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	1	1													
Mailing Address 1860 NW 108th Avenue		Transaction ID: SA11AI.8187																				
City Plantation	State FL	Zip Code 33322																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>20.00</td></tr> </table>	20.00																			
20.00																						
Name of Employer MEDNAX, Inc.	Occupation Physician Relations Specialist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>80.00</td></tr> </table>	80.00																				
80.00																						

B.

Full Name (Last, First, Middle Initial) Sikander Adeni		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	1	1													
Mailing Address 4321 Rio Robles Dr.		Transaction ID: SA11AI.8188																				
City Austin	State TX	Zip Code 78746																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer Pediatrix Medical Services	Occupation Neonatologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>300.00</td></tr> </table>	300.00																				
300.00																						

C.

Full Name (Last, First, Middle Initial) Robert S. Alphin		Date of Receipt <table border="1" style="font-size: small;"> <tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td></tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	1	1													
Mailing Address 4028 John S. Rabotean West		Transaction ID: SA11AI.8189																				
City Raleigh	State NC	Zip Code 27612																				
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"> <tr><td>100.00</td></tr> </table>	100.00																			
100.00																						
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"> <tr><td>400.00</td></tr> </table>	400.00																				
400.00																						

SUBTOTAL of Receipts This Page (optional)	<table border="1" style="width: 100%;"><tr><td>220.00</td></tr></table>	220.00
220.00		
TOTAL This Period (last page this line number only)	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Thomas M. Anderson

Mailing Address 6226 S. Fairfax Court

City State Zip Code
Centennial CO 80121

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

Name of Employer Occupation
Obstetrix Medical Group of CO Medical Director, PICU

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 60.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.8192

Amount of Each Receipt this Period
20.00

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

Mailing Address 1720 SW 131st Terrace

City State Zip Code
Davie FL 33325

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

Name of Employer Occupation
MEDNAX Services, Inc. VP, Deputy General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1334.69

Date of Receipt

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

Transaction ID: SA11AI.8193

Amount of Each Receipt this Period
190.67

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

Mailing Address 1720 SW 131st Terrace

City State Zip Code
Davie FL 33325

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

Name of Employer Occupation
MEDNAX Services, Inc. VP, Deputy General Counsel

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1525.36

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.8194

Amount of Each Receipt this Period
190.67

SUBTOTAL of Receipts This Page (optional) ► **401.34**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Zenaida Aranda

Mailing Address 249 Glendenny Avenue

City State Zip Code
Jersey City NJ 07304

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

Name of Employer
Pediatrix Medical Group
of NY

Occupation
Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
90.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8195

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)
Jennifer Arriza

Mailing Address 2087 SW 176 Terrace

City State Zip Code
Ft. Lauderdale FL 33029

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

Name of Employer
MEDNAX Services, Inc.

Occupation
Director of Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt

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

Transaction ID: SA11AI.8196

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
Jennifer Arriza

Mailing Address 2087 SW 176 Terrace

City State Zip Code
Ft. Lauderdale FL 33029

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

Name of Employer
MEDNAX Services, Inc.

Occupation
Director of Applications

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8197

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional) ►

80.00

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

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

A.	Full Name (Last, First, Middle Initial) Ehran Atasoy	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 4756 Sharpstone Lane	Transaction ID: SA11AI.8198
	City State Zip Code Raleigh NC 27615	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology of NC Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) K. Leslie Avery	Date of Receipt MM / DD / YYYY 04 / 11 / 2011
	Mailing Address 1120 Pinto Horse Ave.	Transaction ID: SA11AI.8199
	City State Zip Code Henderson NV 89052	Amount of Each Receipt this Period 2500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pokroy Medical Group of NV Occupation Medical Director, PICU Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00	

C.	Full Name (Last, First, Middle Initial) Michael Bachman	Date of Receipt MM / DD / YYYY 04 / 04 / 2011
	Mailing Address 2042 Country Cove Ct.	Transaction ID: SA11AI.8200
	City State Zip Code Las Vegas NV 89135	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pokroy Medical Group of NV Occupation Medical Director, Pediatric ER Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional)	4050.00
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 11 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Robert Balcom	Date of Receipt MM / DD / YYYY 04 / 11 / 2011
	Mailing Address 2257 Haversham Close	Transaction ID: SA11AI.8201
	City Richmond State VA Zip Code 23454	Amount of Each Receipt this Period 5000.00
	FEC ID number of contributing federal political committee. C	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional President - Central Region	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

B.	Full Name (Last, First, Middle Initial) Ronald Bank	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1642 White Pine Dr.	Transaction ID: SA11AI.8202
	City Vienna State VA Zip Code 22182	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of VA	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C.	Full Name (Last, First, Middle Initial) Andrew Barton	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 813 Wood Core Road	Transaction ID: SA11AI.8203
	City Wilmington State NC Zip Code 28409	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)	5050.00
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 12 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Andrew Barton

Mailing Address 813 Wood Core Road

City State Zip Code
Wilmington NC 28409

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

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8204

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Michael Battista

Mailing Address 11 Orsinger Hill

City State Zip Code
San Antonio TX 78230

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

Name of Employer Pediatrix Medical Services Inc Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1750.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8205

Amount of Each Receipt this Period
250.00

C.

Full Name (Last, First, Middle Initial)
Michael Battista

Mailing Address 11 Orsinger Hill

City State Zip Code
San Antonio TX 78230

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

Name of Employer Pediatrix Medical Services Inc Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8206

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **525.00**

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 13 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Marc Belacastro

Mailing Address 486 W David Rd.

City State Zip Code
Dayton OH 45429

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

Name of Employer Occupation
Pediatrix Medical Group of OH Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8209

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Rosaire Josseline Belizaire

Mailing Address 117 Clipper Cove

City State Zip Code
Lafayette LA 70508

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

Name of Employer Occupation
Pediatrix Medical Group of LA Neonatologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8210

Amount of Each Receipt this Period
150.00

C.

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

Mailing Address 2973 Cheroakwood Ln

City State Zip Code
Rockford IL 61114

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

Name of Employer Occupation
Pediatrix Medical Group of IL Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8211

Amount of Each Receipt this Period
75.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 14 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Mayoor Bhatt

Mailing Address 1201 Dulles Avenue
Apt 5207

City State Zip Code
Stafford TX 77477

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8212

Amount of Each Receipt this Period
50.00

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

Mailing Address 3506 Orchid Court

City State Zip Code
Arlington TX 76016

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.8213

Amount of Each Receipt this Period
500.00

C. Full Name (Last, First, Middle Initial)
A. Vincent Brawley

Mailing Address 619 Brae Burn Dr.

City State Zip Code
Martinez GA 30907

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

Name of Employer Occupation
Pediatrix Medical Group of GA Medical Director

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8138

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **675.00**

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

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

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

FOR LINE NUMBER: PAGE 15 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1310 S. College Street

City State Zip Code
Georgetown TX 78626

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

Name of Employer: Pediatrix Medical Services Inc
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

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

Transaction ID: SA11AI.8139

Amount of Each Receipt this Period
100.00

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

Mailing Address 1310 S. College Street

City State Zip Code
Georgetown TX 78626

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

Name of Employer: Pediatrix Medical Services Inc
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.8140

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Brigit V. Brock

Mailing Address 109 NE 62nd St.

City State Zip Code
Seattle WA 98115

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

Name of Employer: Obstetrix Medical Group of WA
Occupation: Perinatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.8141

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **300.00**

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

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

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

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

A.	Full Name (Last, First, Middle Initial) David Brouhard		Date of Receipt
	Mailing Address 1905 S. Moorings Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 1 5 / 2 0 1 1
	City	State	Zip Code
	Wilmington	NC	28405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8142
Name of Employer American Anesthesiology of NC		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 175.00	

B.	Full Name (Last, First, Middle Initial) David Brouhard		Date of Receipt
	Mailing Address 1905 S. Moorings Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 9 / 2 0 1 1
	City	State	Zip Code
	Wilmington	NC	28405
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8143
Name of Employer American Anesthesiology of NC		Occupation Anesthesiologist	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 25.00
		<input type="text"/> 200.00	

C.	Full Name (Last, First, Middle Initial) Robert Bryant		Date of Receipt
	Mailing Address 12717 W. Sunrise Blvd.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 4 / 2 9 / 2 0 1 1
	City	State	Zip Code
	Sunrise	FL	33323
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.8144
Name of Employer MEDNAX Services, Inc.		Occupation SVP and CIO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 416.66
		<input type="text"/> 1666.64	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 466.66
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 423 S. Westridge Circle

City State Zip Code
Anaheim CA 92807

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8145
 Amount of Each Receipt this Period: 60.00

B. Full Name (Last, First, Middle Initial)
Andrew S. Campbell

Mailing Address 423 S. Westridge Circle

City State Zip Code
Anaheim CA 92807

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8146
 Amount of Each Receipt this Period: 60.00

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

Mailing Address 150 Wicked Wedge Way

City State Zip Code
Las Vegas NV 89148

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

Name of Employer: Pokroy Medical Group of NV
Occupation: Physician Relations Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt: 04 / 04 / 2011
Transaction ID: SA11AI.8147
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► 145.00

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 18 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
William Caplan

Mailing Address 7207 Edloe

City State Zip Code
Houston TX 77025

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

Name of Employer Occupation
Pediatrix Medical Services Inc. Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8148

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Cay Carner

Mailing Address 2205 Vickers Drive

City State Zip Code
Plano TX 75075

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8149

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Ronald Carzoli

Mailing Address 1505 1st South #401

City State Zip Code
Jacksonville FL 32250

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

Name of Employer Occupation
Pediatrix Medical Group of FL Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8150

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional) ► **350.00**

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 19 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Geseile Cassidy

Mailing Address 130 Vista Del Lago

City Henderson State NV Zip Code 89015

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

Name of Employer Pokroy Medical Group of Nevada Occupation Executive Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt 04 / 04 / 2011

Transaction ID: SA11AI.8151

Amount of Each Receipt this Period 25.00

B.

Full Name (Last, First, Middle Initial)
C. Labron Chambers, Jr.

Mailing Address 3117 Cutchin Drive

City Charlotte State NC Zip Code 28210

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

Name of Employer American Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.8152

Amount of Each Receipt this Period 50.00

C.

Full Name (Last, First, Middle Initial)
Annie Chi

Mailing Address 2302 Bay Lakes Court

City Arlington State TX Zip Code 76016

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

Name of Employer PMG Services Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 05 / 2011

Transaction ID: SA11AI.8153

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► **1075.00**

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 20 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elmer Choi

Mailing Address 11773 Hollyview Dr.

City State Zip Code
Great Falls VA 22006

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

Name of Employer American Anesthesiology of VA Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8157

Amount of Each Receipt this Period
100.00

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

Mailing Address 1312 Montrose Drive

City State Zip Code
Shelby NC 28150

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

Name of Employer American Anesthesiology Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8158

Amount of Each Receipt this Period
90.00

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

Mailing Address 4301 Willow Ridge Dr.

City State Zip Code
Weston FL 33331

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

Name of Employer MEDNAX Services, Inc. Occupation Network Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 920.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8159

Amount of Each Receipt this Period
60.00

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 21 / 96

(check only one)

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

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

A.

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

Mailing Address 4301 Willow Ridge Dr.

City State Zip Code
Weston FL 33331

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

Name of Employer Occupation
MEDNAX Services, Inc. Network Manager

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 980.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8160

Amount of Each Receipt this Period
60.00

B.

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

Mailing Address 8239 New Cut Rd.

City State Zip Code
Campobello SC 29322

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

Name of Employer Occupation
Pediatrix Medical Group of SC Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8161

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Jose Colindres

Mailing Address 16775 NW 20 Street

City State Zip Code
Pembroke Pines FL 33028

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8162

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

435.00

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 22 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Steven Collins		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 10468 Laurel Road		Transaction ID: SA11AI.8163
City Davie	State FL	Zip Code 33328
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer MEDNAX Services, Inc.	Occupation SVP - Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

B.

Full Name (Last, First, Middle Initial) William Corkey		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 1413 Dogwood Lane		Transaction ID: SA11AI.8164
City Raleigh	State NC	Zip Code 27607
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 40.00
Name of Employer American Anesthesiology of NC	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 160.00	

C.

Full Name (Last, First, Middle Initial) Frances 'Penny' Cox		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 6310 Oliver Loving Trail		Transaction ID: SA11AI.8165
City Austin	State TX	Zip Code 78749
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.31
Name of Employer Pediatrix Medical Group, Inc.	Occupation Regional Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 366.17	

SUBTOTAL of Receipts This Page (optional)	592.31
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: PAGE 23 / 96

(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Frances 'Penny' Cox		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 6310 Oliver Loving Trail		Transaction ID: SA11AI.8166		
	City Austin	State TX	Zip Code 78749	Amount of Each Receipt this Period 52.31	
	FEC ID number of contributing federal political committee. C		Name of Employer Pediatrix Medical Group, Inc.		
Occupation Regional Manager		Aggregate Year-to-Date 418.48			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) J. Thomas Cox, Jr.		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 2488 W Keswick Rd.		Transaction ID: SA11AI.8167		
	City Florence	State SC	Zip Code 29501	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C		Name of Employer Pediatrix Medical Group of SC		
Occupation Neonatologist		Aggregate Year-to-Date 500.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Amanda Crow		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 2500 Oxford Rd.		Transaction ID: SA11AI.8168		
	City Raleigh	State NC	Zip Code 27609	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C		Name of Employer American Anesthesiology of NC		
Occupation Anesthesiologist		Aggregate Year-to-Date 140.00			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)

212.31

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: PAGE 24 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Sarah Daigle

Mailing Address 412 Gerald Drive

City State Zip Code
LaFayette LA 70503

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

Name of Employer Occupation
PMG Services NNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: SA11AI.8169

Amount of Each Receipt this Period
300.00

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

Mailing Address 6204 Ardmore Way

City State Zip Code
Dublin OH 43016

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

Name of Employer Occupation
Pediatrix Medical Group of OH Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8173

Amount of Each Receipt this Period
50.00

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

Mailing Address 1059 Nautica Drive

City State Zip Code
Weston FL 33327

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 ▼
1666.68

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8174

Amount of Each Receipt this Period
416.67

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

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Matthew J. Devine	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 2902 Needham Court	Transaction ID: SA11AI.8175
	City State Zip Code Delray Beach FL 33445	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDNAX Services, Inc. VP, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1458.31	

B.	Full Name (Last, First, Middle Initial) Matthew J. Devine	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 2902 Needham Court	Transaction ID: SA11AI.8176
	City State Zip Code Delray Beach FL 33445	Amount of Each Receipt this Period 208.33
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDNAX Services, Inc. VP, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1666.64	

C.	Full Name (Last, First, Middle Initial) Rebecca D. Doise	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 475 I49 S Service Rd.	Transaction ID: SA11AI.8179
	City State Zip Code Sunset LA 70584	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Pediatrix Emergent & Crt Care Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

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: PAGE 26 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Rebecca D. Doise

Mailing Address 475 I49 S Service Rd.

City State Zip Code
Sunset LA 70584

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

Name of Employer Occupation
Pediatrix Emergent & Crt Care Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8180

Amount of Each Receipt this Period
25.00

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

Mailing Address 3801 Far View Dr.

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Pediatrix Medical Services NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8181

Amount of Each Receipt this Period
25.00

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

Mailing Address 3801 Far View Dr.

City State Zip Code
Austin TX 78730

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

Name of Employer Occupation
Pediatrix Medical Services NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8182

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

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 27 / 96
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Mike Dwyer</p> <p>Mailing Address 421 Canterbury Way</p> <p>City State Zip Code Jonesboro GA 30236</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatrix Medical Group of GA</p> <p>Occupation Corporate Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1666.68</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.8183</p> <p>Amount of Each Receipt this Period 416.67</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												

<p>B. Full Name (Last, First, Middle Initial) Julie Dyer</p> <p>Mailing Address 920 Arden Way</p> <p>City State Zip Code Signal Mtn TN 37377</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatrix Medical Group of TN</p> <p>Occupation MSN, CNNP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 140.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.8113</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	5		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	5		2	0	1	1												

<p>C. Full Name (Last, First, Middle Initial) Julie Dyer</p> <p>Mailing Address 920 Arden Way</p> <p>City State Zip Code Signal Mtn TN 37377</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatrix Medical Group of TN</p> <p>Occupation MSN, CNNP</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 160.00</p>	<p>Date of Receipt <table border="1" style="width: 100%; text-align: center;"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table> </p> <p>Transaction ID: SA11AI.8114</p> <p>Amount of Each Receipt this Period 20.00</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	9		2	0	1	1												

SUBTOTAL of Receipts This Page (optional)	456.67
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: PAGE 28 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 8231 Nesbit Ferry Rd.

City Atlanta State GA Zip Code 30350

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

Name of Employer: Pediatrix Medical Group of GA
Occupation: Corp. Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8115
 Amount of Each Receipt this Period: 125.00

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

Mailing Address 2614 Mimosa Place

City Wilmington State NC Zip Code 28409

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

Name of Employer: American Anesthesiology of NC
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8116
 Amount of Each Receipt this Period: 25.00

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

Mailing Address 2614 Mimosa Place

City Wilmington State NC Zip Code 28409

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

Name of Employer: American Anesthesiology of NC
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8117
 Amount of Each Receipt this Period: 25.00

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 29 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Fuad Fakhreddine

Mailing Address 215 North Glenn Ct.

City Atlanta State GA Zip Code 30342

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

Name of Employer: Pediatrix Medical Group of GA
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8118
 Amount of Each Receipt this Period: 125.00

B.

Full Name (Last, First, Middle Initial)
Carlos Flores

Mailing Address 4070 North Larkspur Road

City Tucson State AZ Zip Code 85749

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

Name of Employer: OBX of Phoenix
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: SA11AI.8121
 Amount of Each Receipt this Period: 1000.00

C.

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

Mailing Address 3816 W. Hibiscus St.

City Weston State FL Zip Code 33332

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

Name of Employer: MEDNAX Services, Inc.
Occupation: Director, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8125
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 1225.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Simon Frisch	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 3816 W. Hibiscus St.	Transaction ID: SA11AI.8126
	City State Zip Code Weston FL 33332	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation MEDNAX Services, Inc. Director, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

B.	Full Name (Last, First, Middle Initial) Josephine Gambardella	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1014 Priory Place	Transaction ID: SA11AI.8127
	City State Zip Code McLean VA 22101	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American Anesthesiology of VA Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

C.	Full Name (Last, First, Middle Initial) Carrie Gill Murdoch	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 8605 Batnemouth Dr.	Transaction ID: SA11AI.8128
	City State Zip Code Raleigh NC 27615	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation American Anesthesiology of NC Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	300.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 31 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Mario Gonzalez

Mailing Address 45 Turtle Creek Lane

City State Zip Code
Panarra FL 32346

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

Name of Employer: Pediatrix Medical Group Inc
Occupation: Director, Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8129
Amount of Each Receipt this Period: 50.00

B.

Full Name (Last, First, Middle Initial)
Mario Gonzalez

Mailing Address 45 Turtle Creek Lane

City State Zip Code
Panarra FL 32346

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

Name of Employer: Pediatrix Medical Group Inc
Occupation: Director, Managed Care

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8130
Amount of Each Receipt this Period: 50.00

C.

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

Mailing Address 7700 NW 120th Drive

City State Zip Code
Parkland FL 33076

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

Name of Employer: MEDNAX Services, Inc.
Occupation: VP Medical Coding Ops & IM

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8131
Amount of Each Receipt this Period: 60.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 32 / 96
(check only one)

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

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

A.

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

Mailing Address 30 Sagecliff Court

City State Zip Code
Dallas TX 75248

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

Name of Employer Occupation
Pediatrix Medical Services Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.8132

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Carol Greene

Mailing Address 19441 Roman Street

City State Zip Code
Northridge CA 91324

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

Name of Employer Occupation
Pediatrix Medical Group, Inc Director of Advance Practitioners- MTN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8133

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Carol Greene

Mailing Address 19441 Roman Street

City State Zip Code
Northridge CA 91324

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

Name of Employer Occupation
Pediatrix Medical Group, Inc Director of Advance Practitioners- MTN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8134

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 1100.00

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

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

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

FOR LINE NUMBER: PAGE 33 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Sam Grossman
 Mailing Address 438 Forrest Park Circle
 City Franklin State TN Zip Code 37064
 Date of Receipt 04 / 15 / 2011
Transaction ID: SA11AI.8135
 Amount of Each Receipt this Period 97.84
 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 ▼ 684.88

B. Full Name (Last, First, Middle Initial)
Sam Grossman
 Mailing Address 438 Forrest Park Circle
 City Franklin State TN Zip Code 37064
 Date of Receipt 04 / 29 / 2011
Transaction ID: SA11AI.8136
 Amount of Each Receipt this Period 97.84
 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 ▼ 782.72

C. Full Name (Last, First, Middle Initial)
Timothy Gundlach
 Mailing Address 9008 Unbridle Lane
 City Waxhaw State NC Zip Code 28175
 Date of Receipt 04 / 29 / 2011
Transaction ID: SA11AI.8137
 Amount of Each Receipt this Period 200.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

SUBTOTAL of Receipts This Page (optional) ► 395.68
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 34 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Charles M. Hahn

Mailing Address 6317 Shinn Creek Lane

City State Zip Code
Wilmington DE 28409

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

Name of Employer American Anesthesiology, South
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8017

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Charles M. Hahn

Mailing Address 6317 Shinn Creek Lane

City State Zip Code
Wilmington DE 28409

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

Name of Employer American Anesthesiology, South
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8018

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Rekha Hamilton

Mailing Address 6709 Lahontan Dr.

City State Zip Code
Fort Worth TX 76123

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

Name of Employer PMG Services
Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
04 / 07 / 2011

Transaction ID: SA11AI.8021

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ▶ **575.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 35 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Erin Hamilton Spence

Mailing Address 1930 Rockridge Terrace

City State Zip Code
Fort Worth TX 76110

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
04 / 05 / 2011

Transaction ID: SA11AI.8023

Amount of Each Receipt this Period
500.00

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

Mailing Address 200 Chimney Rock Road

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 ▼ 333.32

Date of Receipt
MM / DD / YYYY
04 / 09 / 2011

Transaction ID: SA11AI.8027

Amount of Each Receipt this Period
83.33

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

Mailing Address 2700 Kathwood Court

City State Zip Code
Florence SC 29501

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

Name of Employer Occupation
Pediatrix Medical Group of SC Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8028

Amount of Each Receipt this Period
400.00

SUBTOTAL of Receipts This Page (optional) ► **983.33**

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 36 / 96		
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16

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

A.	Full Name (Last, First, Middle Initial) William Hawk	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 1542 SE 13th Street	Transaction ID: SA11AI.8029
	City State Zip Code Ft. Lauderdale FL 33316	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology, Inc. Occupation SVP Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1531.25	

B.	Full Name (Last, First, Middle Initial) William Hawk	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1542 SE 13th Street	Transaction ID: SA11AI.8030
	City State Zip Code Ft. Lauderdale FL 33316	Amount of Each Receipt this Period 218.75
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology, Inc. Occupation SVP Operations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1750.00	

C.	Full Name (Last, First, Middle Initial) Cody Henderson	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 8 Ranch Terrace	Transaction ID: SA11AI.8031
	City State Zip Code Fair Oaks Ranch TX 78015	Amount of Each Receipt this Period 270.83
	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) <input type="checkbox"/> Aggregate Year-to-Date 1354.15	

SUBTOTAL of Receipts This Page (optional)	708.33
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: PAGE 37 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Cody Henderson

Mailing Address 8 Ranch Terrace

City State Zip Code
Fair Oaks Ranch TX 78015

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

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1624.98

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8032

Amount of Each Receipt this Period
270.83

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

Mailing Address 5205 Green Falls Ct.

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 5 / 2 0 1 1

Transaction ID: SA11AI.8033

Amount of Each Receipt this Period
500.00

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

Mailing Address 1901 Ocean Drive
8E

City State Zip Code
Ft. Lauderdale FL 33305

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

Name of Employer Occupation
MEDNAX Services, Inc. VP Managed Care

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 160.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8035

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► **810.83**

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 38 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 1019 Windcrest Run

City State Zip Code
Wilmington NC 28409

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

Name of Employer American anesthesiology, South Occupation Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8036

Amount of Each Receipt this Period
25.00

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

Mailing Address 1019 Windcrest Run

City State Zip Code
Wilmington NC 28409

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

Name of Employer American anesthesiology, South Occupation Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8037

Amount of Each Receipt this Period
25.00

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

Mailing Address 386 Nichols Run Court

City State Zip Code
Great Falls VA 22066

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

Name of Employer American Anesthesiology of VA Occupation Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8038

Amount of Each Receipt this Period
50.00

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: PAGE 39 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
A. Kimberly lafolla

Mailing Address 14220 Cervantes Ave.

City State Zip Code
Darnestown MD 20874

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

Name of Employer Occupation
Pediatrix of Maryland Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8040

Amount of Each Receipt this Period
150.00

B.

Full Name (Last, First, Middle Initial)
Angela Jarvie

Mailing Address 5993 W Hoover Ave.

City State Zip Code
Littleton CO 80123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 175.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8041

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Angela Jarvie

Mailing Address 5993 W Hoover Ave.

City State Zip Code
Littleton CO 80123

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8042

Amount of Each Receipt this Period
25.00

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:	PAGE 40 / 96
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

A.	Full Name (Last, First, Middle Initial) Thomas Javelona		Date of Receipt MM / DD / YYYY 04 / 11 / 2011		
	Mailing Address 1380 Marion Ave		Transaction ID: SA11AI.8043		
	City Atlanta	State GA	Zip Code 30307	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer American Anesthesiology of GA		Occupation Anesthesiologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

B.	Full Name (Last, First, Middle Initial) M. Bruce Jenkin		Date of Receipt MM / DD / YYYY 04 / 29 / 2011		
	Mailing Address 9130 Anderton Springs Cove		Transaction ID: SA11AI.8045		
	City Bartlett	State TN	Zip Code 38133	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pediatrix Medical Group of TN		Occupation Corporate Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 200.00			

C.	Full Name (Last, First, Middle Initial) Peggy Jenkins		Date of Receipt MM / DD / YYYY 04 / 15 / 2011		
	Mailing Address 9432 Green Terrace Drive		Transaction ID: SA11AI.8046		
	City Dallas	State TX	Zip Code 75220	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Pediatrix Medical Group Inc		Occupation HR Generalist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 80.00			

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Peggy Jenkins	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 9432 Green Terrace Drive	Transaction ID: SA11AI.8047
	City State Zip Code Dallas TX 75220	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pediatrix Medical Group Inc Occupation HR Generalist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

B.	Full Name (Last, First, Middle Initial) Shannon Jenkins	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 5365 S Tappan Falls Dr.	Transaction ID: SA11AI.8048
	City State Zip Code Idaho Falls ID 83406	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mountain States Neonatology Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

C.	Full Name (Last, First, Middle Initial) Shannon Jenkins	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 5365 S Tappan Falls Dr.	Transaction ID: SA11AI.8049
	City State Zip Code Idaho Falls ID 83406	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Mountain States Neonatology Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	▶	120.00
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 42 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Anand Kantak

Mailing Address 656 Highlands Dr.

City Akron State OH Zip Code 44333

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

Name of Employer: Pediatrix Medical Group of OH
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: SA11AI.8050
Amount of Each Receipt this Period: 1500.00

B.

Full Name (Last, First, Middle Initial)
Prameela Karimi

Mailing Address 7315 Boxwood Ct.

City Irving State TX Zip Code 75063

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

Name of Employer: PMG Services
Occupation: Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 04 / 21 / 2011
Transaction ID: SA11AI.8051
Amount of Each Receipt this Period: 500.00

C.

Full Name (Last, First, Middle Initial)
Debra Kaspar

Mailing Address 11224 Handlebar Road

City Reston State VA Zip Code 20191

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 122.08

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8053
Amount of Each Receipt this Period: 122.08

SUBTOTAL of Receipts This Page (optional) ► **2122.08**

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: PAGE 43 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Alexander Kenton

Mailing Address 55 Westelm Circle

City State Zip Code
San Antonio TX 78230

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

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt

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

Transaction ID: SA11AI.8054

Amount of Each Receipt this Period
200.00

B.

Full Name (Last, First, Middle Initial)
Alexander Kenton

Mailing Address 55 Westelm Circle

City State Zip Code
San Antonio TX 78230

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

Name of Employer Occupation
Pediatrix Medical Services Inc Neonatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8055

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Robert J. Kneeley, Jr.

Mailing Address 3300 NE 42nd Court

City State Zip Code
Ft. Lauderdale FL 33308

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

Name of Employer Occupation
MEDNAX Services, Inc. Dir. Investor Relations

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 900.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 9 / 2 0 1 1

Transaction ID: SA11AI.8056

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional) ▶

700.00

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 44 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Elizabeth Krueger

Mailing Address 2420 Valley Brook Rd.

City Nashville State TN Zip Code 37215

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

Name of Employer: Pediatrix Medical Group of TN Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8057
Amount of Each Receipt this Period: 100.00

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

Mailing Address 4342 Indian Creek Lane

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 VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt: 04 / 11 / 2011
Transaction ID: SA11AI.8060
Amount of Each Receipt this Period: 1250.00

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

Mailing Address 4342 Indian Creek Lane

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 VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1458.33

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8061
Amount of Each Receipt this Period: 208.33

SUBTOTAL of Receipts This Page (optional) ► 1558.33

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: PAGE 45 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Stewart Lawrence

Mailing Address 2555 E Plateau Dr.

City State Zip Code
Boise ID 83712

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

Name of Employer Mountain States Neonatology
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
437.50

Date of Receipt

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

Transaction ID: SA11AI.8062

Amount of Each Receipt this Period
62.50

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

Mailing Address 2555 E Plateau Dr.

City State Zip Code
Boise ID 83712

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

Name of Employer Mountain States Neonatology
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.8063

Amount of Each Receipt this Period
62.50

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

Mailing Address 2523 Sheep Creek Rd.

City State Zip Code
Bedford VA 24523

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

Name of Employer Pediatrix Medical Group, Inc.
Occupation Advanced Practitioner Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt

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

Transaction ID: SA11AI.8064

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► **155.00**

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 46 / 96
(check only one)

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

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.

Full Name (Last, First, Middle Initial)
Vicky Leamy

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: Advanced Practitioner Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8065
 Amount of Each Receipt this Period: 30.00

B.

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

Mailing Address 8904 Riverview Park Dr.

City Raleigh State NC Zip Code 27613

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

Name of Employer: American Anesthesiology of NC
Occupation: Anesthesiologist (Associate)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8066
 Amount of Each Receipt this Period: 25.00

C.

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

Mailing Address 1192 Skylane Dr.

City Weston State FL Zip Code 33327

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

Name of Employer: MEDNAX Services, Inc.
Occupation: Sr. Corp. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8067
 Amount of Each Receipt this Period: 100.00

SUBTOTAL of Receipts This Page (optional) ► 155.00

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 47 / 96
(check only one)

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

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

A.

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

Mailing Address 1192 Skylane Dr.

City State Zip Code
Weston FL 33327

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

Name of Employer MEDNAX Services, Inc. Occupation Sr. Corp. Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8068

Amount of Each Receipt this Period
100.00

B.

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

Mailing Address 201 NE 4th Street

City State Zip Code
Boca Raton FL 33432

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

Name of Employer MEDNAX Services, Inc. Occupation VP Program Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8069

Amount of Each Receipt this Period
400.00

C.

Full Name (Last, First, Middle Initial)
William Liu

Mailing Address 9009 Ligon Court

City State Zip Code
Ft. Myers FL 33908

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

Name of Employer Pediatrix Medical Group of FL Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8070

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **525.00**

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 48 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Lisa Lowery-Smith

Mailing Address 7821 Night Hawk Rd.

City State Zip Code
Chattanooga TN 37421

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

Name of Employer: Pediatrix Medical Group of TN
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2666.68

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8071
Amount of Each Receipt this Period: 666.67

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

Mailing Address 6415 Hawksbill Dr.

City State Zip Code
Wilmington NC 28409

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

Name of Employer: American Anesthesiology, South
Occupation: Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 50.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.8073
Amount of Each Receipt this Period: 25.00

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

Mailing Address 6415 Hawksbill Dr.

City State Zip Code
Wilmington NC 28409

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

Name of Employer: American Anesthesiology, South
Occupation: Anesthesiology

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8074
Amount of Each Receipt this Period: 25.00

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: PAGE 49 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Steven Lussos

Mailing Address 12701 McGills Landing Lane

City State Zip Code
Clifton VA 20124

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

Name of Employer
American Anesthesiology
of VA

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8075

Amount of Each Receipt this Period

50.00

B.

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

Mailing Address 3903 Laurel Manor Ct.

City State Zip Code
Raleigh NC 27612

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

Name of Employer
American Anesthesiology
of NC

Occupation
Director of Critical Care Medicine

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8076

Amount of Each Receipt this Period

100.00

C.

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

Mailing Address 1257 Ginger Circle

City State Zip Code
Weston FL 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 ▼
813.90

Date of Receipt

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

Transaction ID: SA11AI.8077

Amount of Each Receipt this Period

116.27

SUBTOTAL of Receipts This Page (optional) ▶

266.27

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 50 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Bruce Manno		Date of Receipt	
	Mailing Address 1257 Ginger Circle		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.8078
	Weston	FL	33326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		116.27	
Name of Employer MEDNAX Services, Inc.		Occupation Dir. Internal Audit		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 930.17		

B.	Full Name (Last, First, Middle Initial) Jay Martin		Date of Receipt	
	Mailing Address 4225 Mandavilla Way		M M / D D / Y Y Y Y 04 / 15 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.8079
	Apex	NC	27539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		154.80	
Name of Employer American Anesthesiology of NC		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1083.60		

C.	Full Name (Last, First, Middle Initial) Jay Martin		Date of Receipt	
	Mailing Address 4225 Mandavilla Way		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.8080
	Apex	NC	27539	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		154.80	
Name of Employer American Anesthesiology of NC		Occupation Director of Operations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1238.40		

SUBTOTAL of Receipts This Page (optional)	▶	425.87
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 51 / 96
(check only one)

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

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

A.

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

Mailing Address 4313 Cedar Gate

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.8081

Amount of Each Receipt this Period 100.00

B.

Full Name (Last, First, Middle Initial)
Stefan Maxwell

Mailing Address 5 Chatham Rd.

City Charleston State WV Zip Code 25304

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

Name of Employer Pediatrix Medical Group Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1666.68

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.8082

Amount of Each Receipt this Period 416.67

C.

Full Name (Last, First, Middle Initial)
John McCloskey

Mailing Address 1001 W St. NW

City Auburn State WA Zip Code 98001

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

Name of Employer Pediatrix Cardiology of WA PC Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2011

Transaction ID: SA11AI.8083

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ► 766.67

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 / 96
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Brian McConnell	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 1030 Timbercreek Trail	Transaction ID: SA11AI.8085
	City State Zip Code Great Falls VA 22066	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology of VA Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 75.00

B.	Full Name (Last, First, Middle Initial) Jorge McCormack	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 7 Brightwater Circle	Transaction ID: SA11AI.8086
	City State Zip Code St. Petersburg FL 33704	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pediatrix Medical Group of FL Occupation Medical Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00

C.	Full Name (Last, First, Middle Initial) William McCreia	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 4904 Pine Street	Transaction ID: SA11AI.8087
	City State Zip Code Wilmington NC 28403	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology of NC Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00

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: PAGE 53 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
William McCrea

Mailing Address 4904 Pine Street

City State Zip Code
Wilmington NC 28403

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

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8088

Amount of Each Receipt this Period
25.00

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

Mailing Address 25470 Prado de las Bellotas

City State Zip Code
Calabasas CA 91302

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

Name of Employer Pediatrix Medical Group of CA Occupation Neonatologist

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8089

Amount of Each Receipt this Period
100.00

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

Mailing Address 1312 Timberlane Dr.

City State Zip Code
McKinney TX 75070

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

Name of Employer Pediatrix Medical Group, Inc. Occupation Regional Director-Patient Accounts

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8090

Amount of Each Receipt this Period
25.00

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: PAGE 54 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Stacey Meredith

Mailing Address 1312 Timberlane Dr.

City State Zip Code
McKinney TX 75070

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

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Regional Director-Patient Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8091
Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Donna Messenger

Mailing Address 1720 Double Arch Ct.

City State Zip Code
Las Vegas NV 89128

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

Name of Employer: Pokroy Medical Group of NV
Occupation: Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 75.00

Date of Receipt: 04 / 04 / 2011
Transaction ID: SA11AI.8092
Amount of Each Receipt this Period: 75.00

C.

Full Name (Last, First, Middle Initial)
Hugh Miller

Mailing Address 6910 N Chaparral Pl.

City State Zip Code
Tucson AZ 85718

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

Name of Employer: Obstetrix Medical Group of AZ
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8094
Amount of Each Receipt this Period: 150.00

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 55 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Khawar Mohsini

Mailing Address 9 Hunters Ridge Dr.

City State Zip Code
Saginaw MI 48609

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

Name of Employer Occupation
Pediatrix Medical Group Medical Director
of MI

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8095

Amount of Each Receipt this Period
200.00

B.

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

Mailing Address 6525 Monument Avenue

City State Zip Code
Richmond VA 23226

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 665.00

Date of Receipt

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

Transaction ID: SA11AI.8096

Amount of Each Receipt this Period
95.00

C.

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

Mailing Address 6525 Monument Avenue

City State Zip Code
Richmond VA 23226

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 760.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8097

Amount of Each Receipt this Period
95.00

SUBTOTAL of Receipts This Page (optional) ▶

390.00

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 56 / 96
(check only one)

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

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.

Full Name (Last, First, Middle Initial)
Christopher Murray

Mailing Address 11566 Snow Creek Avenue

City State Zip Code
Las Vegas NV 89135

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

Name of Employer: Pokroy Medical Group of Nevada
Occupation: Pediatric Hospitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
105.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8098

Amount of Each Receipt this Period
21.00

B.

Full Name (Last, First, Middle Initial)
Christopher Murray

Mailing Address 11566 Snow Creek Avenue

City State Zip Code
Las Vegas NV 89135

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

Name of Employer: Pokroy Medical Group of Nevada
Occupation: Pediatric Hospitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
126.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8099

Amount of Each Receipt this Period
21.00

C.

Full Name (Last, First, Middle Initial)
Ronald Naglie

Mailing Address 25135 Stageline Dr.

City State Zip Code
Laguna Hills CA 92653

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

Name of Employer: Pediatrix Medical Group of CA
Occupation: Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8100

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **192.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 57 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Vijay Nama	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 3101 Kennison Court	Transaction ID: SA11AI.8101
	City State Zip Code Plano TX 75093	Amount of Each Receipt this Period 416.00
	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 ▼ 1664.00	

B.	Full Name (Last, First, Middle Initial) Elizabeth O'Donnell	Date of Receipt MM / DD / YYYY 04 / 11 / 2011
	Mailing Address 3020 Duke Street	Transaction ID: SA11AI.8106
	City State Zip Code Houston TX 77005	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: PMG Services Occupation: Neonatologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Kathleen O'Hara	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 760 Azalea Court	Transaction ID: SA11AI.8108
	City State Zip Code Plantation FL 33317	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: MEDNAX Services, Inc. Occupation: Manager, Managed Care Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	▶	966.00
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 58 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Kathleen O'Hara

Mailing Address 760 Azalea Court

City State Zip Code
Plantation FL 33317

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

Name of Employer Occupation
MEDNAX Services, Inc. Manager, Managed Care

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8109

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Chien Oh

Mailing Address 10997 E Raintree Dr.

City State Zip Code
Scottsdale AZ 85255

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

Name of Employer Occupation
Obstetrix Med Group of Phoenix Perinatologist

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8110

Amount of Each Receipt this Period
125.00

C.

Full Name (Last, First, Middle Initial)
Olufemi Okanlami

Mailing Address 51310 Shamrock Hills Drive

City State Zip Code
Granger IN 46530

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

Name of Employer Occupation
Pediatrix Medical Group of IN Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8111

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ▶

425.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 59 / 96
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Alan Oliver

Mailing Address 130 Orion Circle

City State Zip Code
Jupiter FL 33477

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

Name of Employer: **Pediatrix Medical Group, Inc.** Occupation: **Regional President-Atlantic Region**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.8112
 Amount of Each Receipt this Period: 250.00

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

Mailing Address 10126 Summit View Point

City State Zip Code
Highland Ranch CO 80126

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

Name of Employer: **Obstetrix Medical Group of CO** Occupation: **Neonatologist**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7992
 Amount of Each Receipt this Period: 100.00

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

Mailing Address 7420 Ryan Ct.

City State Zip Code
McKinney TX 75070

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 ▼ 175.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.7996
 Amount of Each Receipt this Period: 25.00

SUBTOTAL of Receipts This Page (optional) ► **375.00**

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 60 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jason Pate

Mailing Address 7420 Ryan Ct.

City State Zip Code
McKinney TX 75070

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7997

Amount of Each Receipt this Period
25.00

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

Mailing Address 3005 Scenic Drive

City State Zip Code
Austin TX 78703

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

Name of Employer Occupation
Pediatrix Medical Services Inc. Pediatric Cardiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7998

Amount of Each Receipt this Period
150.00

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

Mailing Address 46 NE 100th Street

City State Zip Code
Miami Shores FL 33138

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

Name of Employer Occupation
MEDNAX Services, Inc. VP, Government Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1166.69

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.7999

Amount of Each Receipt this Period
166.67

SUBTOTAL of Receipts This Page (optional) ► **341.67**

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: PAGE 61 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Darren Patz		Date of Receipt MM / DD / YYYY 04 / 29 / 2011
Mailing Address 46 NE 100th Street		Transaction ID: SA11AI.8000
City Miami Shores	State FL	Zip Code 33138
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 208.33
Name of Employer MEDNAX Services, Inc.	Occupation VP, Government Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1375.02	

B.

Full Name (Last, First, Middle Initial) Lee Ann Pearse		Date of Receipt MM / DD / YYYY 04 / 25 / 2011
Mailing Address 12116 Drujon Lane		Transaction ID: SA11AI.8001
City Dallas	State TX	Zip Code 75244
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer PMG Services	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Joshua Peck		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 7740 NW 71st Way		Transaction ID: SA11AI.8003
City Parkland	State FL	Zip Code 33067
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer MEDNAX Services, Inc.	Occupation Sr. Fin. Analyst, Business Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)	▶	1233.33
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: PAGE 62 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Joshua Peck

Mailing Address 7740 NW 71st Way

City Parkland State FL Zip Code 33067

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

Name of Employer MEDNAX Services, Inc. Occupation Sr. Fin. Analyst, Business Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8004

Amount of Each Receipt this Period 25.00

B.

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

Mailing Address 20160 Ocean Key Drive

City Boca Raton State FL Zip Code 33498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8005

Amount of Each Receipt this Period 400.00

C.

Full Name (Last, First, Middle Initial)
Jeffrey R. Poe

Mailing Address 1035 So. Cook Street

City Denver State CO Zip Code 80709

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 ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.8008

Amount of Each Receipt this Period 50.00

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

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

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

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

FOR LINE NUMBER: PAGE 63 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Jeffrey R. Poe

Mailing Address 1035 So. Cook Street

City State Zip Code
Denver CO 80709

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8009

Amount of Each Receipt this Period
50.00

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

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 ▼ 754.59

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.8010

Amount of Each Receipt this Period
107.80

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

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 ▼ 862.39

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.8011

Amount of Each Receipt this Period
107.80

SUBTOTAL of Receipts This Page (optional) ► 265.60

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 64 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard Powers

Mailing Address 110 Gemini Ct.

City State Zip Code
Los Gatos CA 95032

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

Name of Employer Occupation
Pediatrix Medical Group of CA Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 3400.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8012

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Mark Preziosi

Mailing Address 3144 Legends Circle

City State Zip Code
Lakeland FL 33803

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8013

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
John Prueitt

Mailing Address 8500 54th Avenue NE

City State Zip Code
Seattle WA 98115

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

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

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1666.64

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.8014

Amount of Each Receipt this Period
416.66

SUBTOTAL of Receipts This Page (optional) ► 566.66

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 65 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carey Purre	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 3603 NW 23 Terrace	Transaction ID: SA11AI.8015
	City State Zip Code Boca Raton FL 33431	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDNAX Services, Inc. Occupation Director Recruiting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 420.00	

B.	Full Name (Last, First, Middle Initial) Carey Purre	Date of Receipt MM / DD / YYYY 04 / 29 / 2011
	Mailing Address 3603 NW 23 Terrace	Transaction ID: SA11AI.8016
	City State Zip Code Boca Raton FL 33431	Amount of Each Receipt this Period 60.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer MEDNAX Services, Inc. Occupation Director Recruiting Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 480.00	

C.	Full Name (Last, First, Middle Initial) Jamie Ramsay	Date of Receipt MM / DD / YYYY 04 / 15 / 2011
	Mailing Address 6105 Blenheim Place	Transaction ID: SA11AI.7958
	City State Zip Code Wilmington NC 28409	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Anesthesiology of NC Occupation Anesthesiologist Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 175.00	

SUBTOTAL of Receipts This Page (optional)	▶	145.00
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 66 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Jamie Ramsay

Mailing Address 6105 Blenheim Place

City State Zip Code
Wilmington NC 28409

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

Name of Employer American Anesthesiology of NC
Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7959

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Patricia Ramsay

Mailing Address 2581 Luberon Drive

City State Zip Code
Henderson NV 89044

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

Name of Employer Pokroy Medical Group of NV
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
62.50

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7955

Amount of Each Receipt this Period
62.50

C.

Full Name (Last, First, Middle Initial)
Patricia Ramsay

Mailing Address 2581 Luberon Drive

City State Zip Code
Henderson NV 89044

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

Name of Employer Pokroy Medical Group of NV
Occupation Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
125.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7957

Amount of Each Receipt this Period
62.50

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: PAGE 67 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Dale Reisner

Mailing Address 2007 Federal Ave. E

City State Zip Code
Seattle WA 98102

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

Name of Employer Occupation
Obstetrix Medical Group Perinatologist
of WA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI.7960

Amount of Each Receipt this Period
500.00

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

Mailing Address 11822 NW 11th Place

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
MEDNAX Services, Inc. Dir. Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 145.81

Date of Receipt

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

Transaction ID: SA11AI.7961

Amount of Each Receipt this Period
20.83

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

Mailing Address 11822 NW 11th Place

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
MEDNAX Services, Inc. Dir. Finance

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 166.64

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.7962

Amount of Each Receipt this Period
20.83

SUBTOTAL of Receipts This Page (optional) ► **541.66**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 805 Glen Eden Drive

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of NC Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.7963

Amount of Each Receipt this Period 25.00

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

Mailing Address 1204 Delaware Drive

City Mansfield State TX Zip Code 76063

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

Name of Employer PMG Services Occupation Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2011

Transaction ID: SA11AI.7964

Amount of Each Receipt this Period 250.00

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

Mailing Address 10210 Menetre Dr.

City Covington State LA Zip Code 70433

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

Name of Employer Pediatrix Medical Group of LA Occupation Corp Medical Director, NICU

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 04 / 25 / 2011

Transaction ID: SA11AI.7968

Amount of Each Receipt this Period 2500.00

SUBTOTAL of Receipts This Page (optional) ► 2775.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 69 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Brian Rosenberg

Mailing Address 9842 W. McNab Road

City State Zip Code
Tamarac FL 33321

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

Name of Employer Occupation
MEDNAX Services, Inc. Director, Training & Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 210.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7969

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Brian Rosenberg

Mailing Address 9842 W. McNab Road

City State Zip Code
Tamarac FL 33321

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

Name of Employer Occupation
MEDNAX Services, Inc. Director, Training & Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7970

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Linda Sacks

Mailing Address 406 Wheaton Street

City State Zip Code
Savanah GA 31405

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

Name of Employer Occupation
Magella Med. Assoc. of GA Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7973

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 160.00

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 70 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Linda Sacks

Mailing Address 406 Wheaton Street

City State Zip Code
Savannah GA 31405

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

Name of Employer Occupation
Magella Med. Assoc. of GA Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7974

Amount of Each Receipt this Period
100.00

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

Mailing Address 3941 SW 186 Way

City State Zip Code
Miramar FL 33029

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

Name of Employer Occupation
MEDNAX Services, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 552.37

Date of Receipt
MM / DD / YYYY
04 / 15 / 2011

Transaction ID: SA11AI.7975

Amount of Each Receipt this Period
78.91

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

Mailing Address 3941 SW 186 Way

City State Zip Code
Miramar FL 33029

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

Name of Employer Occupation
MEDNAX Services, Inc. Associate General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 631.28

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7976

Amount of Each Receipt this Period
78.91

SUBTOTAL of Receipts This Page (optional) ► 257.82

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 71 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Rhonda Sanders

Mailing Address 161 Falling Creek Ct.

City Clayton State NC Zip Code 27520

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

Name of Employer: Critical Health Systems, Inc. Occupation: Billing Operations Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt: 04 / 15 / 2011

Transaction ID: SA11AI.7977

Amount of Each Receipt this Period: 25.00

B.

Full Name (Last, First, Middle Initial)
Rhonda Sanders

Mailing Address 161 Falling Creek Ct.

City Clayton State NC Zip Code 27520

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

Name of Employer: Critical Health Systems, Inc. Occupation: Billing Operations Mgr.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 04 / 29 / 2011

Transaction ID: SA11AI.7978

Amount of Each Receipt this Period: 25.00

C.

Full Name (Last, First, Middle Initial)
Tami Sands

Mailing Address 1650 S. Banana River Drive

City Merritt Island State FL Zip Code 32952

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

Name of Employer: Pediatric Medical Group of FL Occupation: ARNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 145.60

Date of Receipt: 04 / 15 / 2011

Transaction ID: SA11AI.7979

Amount of Each Receipt this Period: 20.80

SUBTOTAL of Receipts This Page (optional) ► 70.80

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: PAGE 72 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Tami Sands

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 FL ARNP

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 166.40

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	1	1

Transaction ID: SA11AI.7980

Amount of Each Receipt this Period
20.80

B. Full Name (Last, First, Middle Initial)
John Todd Scharnberg, II

Mailing Address 5301 Park Hollow Lane

City State Zip Code
Austin TX 78746

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

Name of Employer Occupation
Pediatrix Medical Services Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11AI.7983

Amount of Each Receipt this Period
5000.00

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

Mailing Address 4512 Briarhaven Road

City State Zip Code
Fort Worth TX 76109

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	0	6	/	2	0	1	1

Transaction ID: SA11AI.7984

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional) ► **5270.80**

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: PAGE 73 / 96
(check only one)

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

A. Full Name (Last, First, Middle Initial)
Jonathan E. Schwartz

Mailing Address 3740 Saltmeadow Ct. South

City State Zip Code
Jacksonville FL 32224

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

Name of Employer: **Pediatrics Medical Group of FL** Occupation: **Medical Director, NICU**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7986
 Amount of Each Receipt this Period: 60.00

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

Mailing Address 933 Rabbit Run

City State Zip Code
Wilmington NC 28409

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

Name of Employer: **American Anesthesiology of NC** Occupation: **Physician**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2510.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7987
 Amount of Each Receipt this Period: 10.00

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

Mailing Address 576 Medinah Dr.

City State Zip Code
Augusta GA 30907

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

Name of Employer: **Pediatrics Medical Group of GA** Occupation: **Corp. Med. Director, NICU**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 180.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7988
 Amount of Each Receipt this Period: 45.00

SUBTOTAL of Receipts This Page (optional) ► 115.00

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 74 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Richard Sidebottom

Mailing Address 1305 Byron Nelson Parkway

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 ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7989

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Richard Simon

Mailing Address 2111 34th Street

City State Zip Code
West Palm Beach FL 33407

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

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

Transaction ID: SA11AI.7990

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Richard Simon

Mailing Address 2111 34th Street

City State Zip Code
West Palm Beach FL 33407

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

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

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7991

Amount of Each Receipt this Period

50.00

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: PAGE 75 / 96
(check only one)

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

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

A.

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

Mailing Address 3050 FM 1799

City State Zip Code
Mineola TX 75773

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7917
Amount of Each Receipt this Period: 100.00

B.

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

Mailing Address 4871 Acorn Drive

City State Zip Code
Boca Raton FL 33487

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Clin Mgr, Chart Abstractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 411.60

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.7918
Amount of Each Receipt this Period: 58.80

C.

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

Mailing Address 4871 Acorn Drive

City State Zip Code
Boca Raton FL 33487

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Clin Mgr, Chart Abstractor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 470.40

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7919
Amount of Each Receipt this Period: 58.80

SUBTOTAL of Receipts This Page (optional) ► 217.60

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 76 / 96
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Ana Spence		Date of Receipt	
	Mailing Address 2251 N 32nd St. Lot 6		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7922
	Phoenix	AZ	85008	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		75.00	
Name of Employer Obstetrix Med Group of Phoenix		Occupation Perinatologist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00		

B.	Full Name (Last, First, Middle Initial) Margaret Steinbach		Date of Receipt	
	Mailing Address 272 NW 97th Avenue		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7923
	Plantation	FL	33324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		400.00	
Name of Employer MEDNAX Services, Inc.		Occupation VP Advance Practitioners		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1600.00		

C.	Full Name (Last, First, Middle Initial) Craig Steiner		Date of Receipt	
	Mailing Address 4709 Camargo Ct.		M M / D D / Y Y Y Y 04 / 29 / 2011	
	City	State	Zip Code	Transaction ID: SA11AI.7924
	College Station	TX	77845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		100.00	
Name of Employer Pediatrix Medical Services Inc		Occupation Medical Director		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00		

SUBTOTAL of Receipts This Page (optional)	575.00
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 77 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Janette Stephenson
 Mailing Address 2960 NW 106 Avenue
 City State Zip Code
 Coral Springs FL 33065
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 5 / 2 0 1 1
Transaction ID: SA11AI.7925
 Amount of Each Receipt this Period
 500.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX Services, Inc. Occupation Director, Business Development
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

B. Full Name (Last, First, Middle Initial)
Paul Stern
 Mailing Address 275 NE Olive Way
 City State Zip Code
 Boca Raton FL 33432
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 1 5 / 2 0 1 1
Transaction ID: SA11AI.7926
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX Services, Inc. Occupation Director Technical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

C. Full Name (Last, First, Middle Initial)
Paul Stern
 Mailing Address 275 NE Olive Way
 City State Zip Code
 Boca Raton FL 33432
 Date of Receipt
 M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 1 1
Transaction ID: SA11AI.7927
 Amount of Each Receipt this Period
 150.00
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MEDNAX Services, Inc. Occupation Director Technical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

SUBTOTAL of Receipts This Page (optional) ► 800.00
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 78 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Julia Stones

Mailing Address 6541 NE 20th Terrace

City State Zip Code
Ft. Lauderdale FL 33308

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

Name of Employer Occupation
MEDNAX Services, Inc. Director of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7928

Amount of Each Receipt this Period
85.00

B.

Full Name (Last, First, Middle Initial)
Julia Stones

Mailing Address 6541 NE 20th Terrace

City State Zip Code
Ft. Lauderdale FL 33308

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

Name of Employer Occupation
MEDNAX Services, Inc. Director of Marketing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7929

Amount of Each Receipt this Period
85.00

C.

Full Name (Last, First, Middle Initial)
Susan Sward-Comunelli

Mailing Address 6003 Driftwood Court

City State Zip Code
Arlington TX 76016

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

Name of Employer Occupation
PMG Services Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 1 1

Transaction ID: SA11AI.7932

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **370.00**

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 79 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Terrence J. Sweeney

Mailing Address 727 17th Ave. East

City State Zip Code
Seattle WA 98112

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

Name of Employer Occupation
Pediatrix Medical Group Director of Neonatology
of WA

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 560.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7934

Amount of Each Receipt this Period

140.00

B.

Full Name (Last, First, Middle Initial)
Kassell Sykes

Mailing Address 6705 Greywalls Lane

City State Zip Code
Raleigh NC 27614

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

Name of Employer Occupation
American Anesthesiology Anesthesiology
of NC

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7935

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
Bannie Tabor

Mailing Address 5020 Still Meadow Dr.

City State Zip Code
Fort Worth TX 76132

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

Name of Employer Occupation
Pediatrix Medical Services Medical Director
Inc

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7936

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

390.00

TOTAL This Period (last page this line number only)

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

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

FOR LINE NUMBER: PAGE 80 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 15680 Shannon Heights Road

City State Zip Code
Los Gatos CA 95032

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

Name of Employer Occupation
Pediatrix Medical Group of CA Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1000.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2011

Transaction ID: SA11AI.7937

Amount of Each Receipt this Period
1000.00

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

Mailing Address 2710 Aylesford Dr.

City State Zip Code
Midlothian VA 23112

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

Name of Employer Occupation
Pediatrix Medical Group, PC Corporate Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 1600.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7938

Amount of Each Receipt this Period
400.00

C. Full Name (Last, First, Middle Initial)
B. Keith Taylor

Mailing Address 108 Linden Ave.

City State Zip Code
Lynchburg VA 24503

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

Name of Employer Occupation
Pediatrix Medical Group, PC Medical Director

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 400.00

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011

Transaction ID: SA11AI.7939

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 1500.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 81 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Pam Thomas

Mailing Address 2121 NW 76 Terrace

City Margate State FL Zip Code 33063

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

Name of Employer MEDNAX Services, Inc. Occupation VP Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7940

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Harris Thompson

Mailing Address 4711 NW 119th Ave

City Coral Springs State FL Zip Code 33076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1162.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7941

Amount of Each Receipt this Period
166.00

C.

Full Name (Last, First, Middle Initial)
Harris Thompson

Mailing Address 4711 NW 119th Ave

City Coral Springs State FL Zip Code 33076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1328.00

Date of Receipt
M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7942

Amount of Each Receipt this Period
166.00

SUBTOTAL of Receipts This Page (optional) ► **382.00**

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 82 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Joe V. Toney
Mailing Address 5459 S Krameria St.
City Greenwood State CO Zip Code 80111
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011
Transaction ID: SA11AI.7943
Amount of Each Receipt this Period
200.00

Name of Employer: Obstetrix Medical Group of CO
Occupation: Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
800.00

B. Full Name (Last, First, Middle Initial)
Susan Townsend
Mailing Address 5450 S. Autumn Ct.
City Greenwood Village State CO Zip Code 80111
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011
Transaction ID: SA11AI.7944
Amount of Each Receipt this Period
125.00

Name of Employer: Pediatrix Medical Group of CO
Occupation: Medical Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
500.00

C. Full Name (Last, First, Middle Initial)
Robert Treadway, Jr.
Mailing Address 3100 Briar Stream Run
City Raleigh State NC Zip Code 27612
FEC ID number of contributing federal political committee. **C**

Date of Receipt
MM / DD / YYYY
04 / 29 / 2011
Transaction ID: SA11AI.7945
Amount of Each Receipt this Period
100.00

Name of Employer: American Anesthesiology of NC
Occupation: Anesthesiology
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼
400.00

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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

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

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

A.

Full Name (Last, First, Middle Initial)
Wendy Troyer

Mailing Address 1274 Redfield Rd

City Atlanta State GA Zip Code 30338

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

Name of Employer Neonatology Assoc. of Atlanta Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 04 / 29 / 2011

Transaction ID: SA11AI.7946

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
David Turbeville

Mailing Address 4809 Overton Woods Drive

City Fort Worth State TX Zip Code 76109

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

Name of Employer PMG Services Occupation Medical Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 04 / 06 / 2011

Transaction ID: SA11AI.7947

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
Gary A. Twiggs

Mailing Address 770 The City Dr. South Suite 4000

City Orange State CA Zip Code 92868

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 25 / 2011

Transaction ID: SA11AI.7950

Amount of Each Receipt this Period 1250.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 84 / 96
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Gary A. Twiggs</p> <p>Mailing Address 770 The City Dr. South Suite 4000</p> <p>City State Zip Code Orange CA 92868</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatrix Medical Group, Inc.</p> <p>Occupation Regional President - Pacific Region</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1666.67</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1</p> <p>Transaction ID: SA11AI.7951</p> <p>Amount of Each Receipt this Period 416.67</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Steven Van Scoy</p> <p>Mailing Address 5355 Candelabra Place</p> <p>City State Zip Code San Luis Obispo CA 93401</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Pediatrix Medical Group of CA</p> <p>Occupation Medical Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 120.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 9 / 2 0 1 1</p> <p>Transaction ID: SA11AI.7952</p> <p>Amount of Each Receipt this Period 40.00</p>
---	--

<p>C. Full Name (Last, First, Middle Initial) Dinh Quoc Vu</p> <p>Mailing Address 3307 Mendenaro Court</p> <p>City State Zip Code Fallbrook CA 92028</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Magella Medical Group Inc</p> <p>Occupation Obstetric Hospitalist</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 75.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 5 / 2 0 1 1</p> <p>Transaction ID: SA11AI.7894</p> <p>Amount of Each Receipt this Period 25.00</p>
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SUBTOTAL of Receipts This Page (optional)	481.67
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: PAGE 85 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Dinh Quoc Vu

Mailing Address 3307 Mendenaro Court

City State Zip Code
Fallbrook CA 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 ▼ 100.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7895

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Karl Wagner

Mailing Address 1476 Victoria Isle Dr.

City State Zip Code
Weston FL 33327

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

Name of Employer Occupation
MEDNAX Services, Inc. CFO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 5000.00

Date of Receipt

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

Transaction ID: SA11AI.7896

Amount of Each Receipt this Period
5000.00

C.

Full Name (Last, First, Middle Initial)
Martin Walker

Mailing Address 7960 Simons Rd, NE

City State Zip Code
Kenmore WA 98028

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

Name of Employer Occupation
Obstetrix Medical Group of WA Practice Medical Director

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7899

Amount of Each Receipt this Period
125.00

SUBTOTAL of Receipts This Page (optional)

5150.00

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 86 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 22535 Lynridge

City San Antonio State TX Zip Code 78260

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

Name of Employer: Pediatrix Medical Services Inc Occupation: MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.7900
Amount of Each Receipt this Period: 200.00

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

Mailing Address 22535 Lynridge

City San Antonio State TX Zip Code 78260

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

Name of Employer: Pediatrix Medical Services Inc Occupation: MD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7901
Amount of Each Receipt this Period: 200.00

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

Mailing Address 116 Muir Lane

City Colleyville State TX Zip Code 76034

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

Name of Employer: PMG Services Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 04 / 05 / 2011
Transaction ID: SA11AI.7902
Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1400.00

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 87 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Scott Wiles

Mailing Address 734 Marble Way

City State Zip Code
Boca Raton FL 33432

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

Name of Employer MEDNAX Services, Inc. Occupation Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7904

Amount of Each Receipt this Period
60.00

B.

Full Name (Last, First, Middle Initial)
Scott Wiles

Mailing Address 734 Marble Way

City State Zip Code
Boca Raton FL 33432

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

Name of Employer MEDNAX Services, Inc. Occupation Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7905

Amount of Each Receipt this Period
60.00

C.

Full Name (Last, First, Middle Initial)
Michael R. Williams

Mailing Address 4824 Studbury Hall Court

City State Zip Code
Wake Forest NC 27587

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

Name of Employer Critical Health Systems, Inc. Occupation Regional COO, AA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 1 1

Transaction ID: SA11AI.7906

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► **220.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 88 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Michael R. Williams

Mailing Address 4824 Studbury Hall Court

City State Zip Code
Wake Forest NC 27587

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

Name of Employer Occupation
Critical Health Systems, Inc. Regional COO, AA

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 600.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7907

Amount of Each Receipt this Period
100.00

B.

Full Name (Last, First, Middle Initial)
Karen Witte

Mailing Address 11040 SW 1st St

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
MEDNAX Services, Inc. Assistant Controller

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 175.00

Date of Receipt

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

Transaction ID: SA11AI.7908

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Karen Witte

Mailing Address 11040 SW 1st St

City State Zip Code
Coral Springs FL 33071

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

Name of Employer Occupation
MEDNAX Services, Inc. Assistant Controller

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 1 1

Transaction ID: SA11AI.7909

Amount of Each Receipt this Period
25.00

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: PAGE 89 / 96
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Terri Wohlever

Mailing Address 4106 River 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-S. Central Reg.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 175.00

Date of Receipt: 04 / 15 / 2011
Transaction ID: SA11AI.7910
Amount of Each Receipt this Period: 25.00

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

Mailing Address 4106 River 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-S. Central Reg.

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt: 04 / 29 / 2011
Transaction ID: SA11AI.7911
Amount of Each Receipt this Period: 25.00

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

Mailing Address 417 NE 29th Street #301

City Wilton Manors State FL Zip Code 33334

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt: 04 / 25 / 2011
Transaction ID: SA11AI.7912
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ► 1550.00

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 90 / 96

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Peter Wu

Mailing Address 1615 N Queen St.
Apt. 502

City State Zip Code
Arlington VA 22209

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

Name of Employer
American Anesthesiology
of VA

Occupation
Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.7913

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
Gary Yup

Mailing Address 2301 Fireside Circle

City State Zip Code
Reno NV 89509

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

Name of Employer
Pokroy Medical Group of
NV

Occupation
Medical Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	9		2	0	1	1

Transaction ID: SA11AI.7914

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

62634.29

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 91 / 96
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) MEDNAX, Inc		Date of Receipt MM / DD / YYYY 04 / 06 / 2011
Mailing Address 1301 Concord Terrace		Transaction ID: SA15.8215
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1530.05
Name of Employer	Occupation	Reimbursement of Bank Fees
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3668.26	

B.

Full Name (Last, First, Middle Initial) MEDNAX, Inc		Date of Receipt MM / DD / YYYY 04 / 15 / 2011
Mailing Address 1301 Concord Terrace		Transaction ID: SA15.8233
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer	Occupation	Administrative Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3918.26	

SUBTOTAL of Receipts This Page (optional)	▶	1780.05
TOTAL This Period (last page this line number only)	▶	1780.05

**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)

PAGE 92 / 96

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

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

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.8219 Date of Disbursement 04 / 15 / 2011
	Mailing Address 600 Peachtree Street	Amount of Each Disbursement this Period 209.32
	City Atlanta State GA Zip Code 30308	
	Purpose of Disbursement Bank Fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.8216 Date of Disbursement 04 / 05 / 2011
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 36.95
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Merchant fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Paypal, Inc.	Transaction ID: SB21B.8217 Date of Disbursement 04 / 14 / 2011
	Mailing Address 2145 Hamilton Avenue	Amount of Each Disbursement this Period 323.15
	City San Jose State CA Zip Code 95125	
	Purpose of Disbursement Merchant fees	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

SUBTOTAL of Disbursements This Page (optional)	569.42
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)

PAGE 93 / 96

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

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

A.

Full Name (Last, First, Middle Initial)
Paypal, Inc.

Transaction ID: SB21B.8218

Date of Disbursement

Mailing Address 2145 Hamilton Avenue

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	6		2	0	1	1

City San Jose State CA Zip Code 95125

Amount of Each Disbursement this Period

428.25

Purpose of Disbursement
Merchant fees

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

428.25

TOTAL This Period (last page this line number only)

997.67

**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)

PAGE 94 / 96

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

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

A. Full Name (Last, First, Middle Initial) Andy Harris For Congress <hr/> Mailing Address PO Box 1527 <hr/> City Annapolis State MD Zip Code 21404 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Andrew P. Harris <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 01 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8227 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 2500.00
B. Full Name (Last, First, Middle Initial) Dominion Leadership Trust <hr/> Mailing Address 106 Carter St. <hr/> City Falmouth State VA Zip Code 22405 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2011 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8230 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) Guthrie For Congress <hr/> Mailing Address PO Box 9639 <hr/> City Bowling Green State KY Zip Code 42102 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name S. Brett Guthrie <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8228 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

4500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) Marsha Blackburn For Congress Inc. <hr/> Mailing Address PO Box 682185 <hr/> City Franklin State TN Zip Code 37068 <hr/> Purpose of Disbursement Political Contribution <hr/> Candidate Name Marsha Blackburn <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07 <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8229 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 8 / 2 0 1 1
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) Texans For Senator John Cornyn Inc. <hr/> Mailing Address P.O. Box 13026 Suite 180 <hr/> City Austin State TX Zip Code 78711 <hr/> Purpose of Disbursement Voided Check <hr/> Candidate Name John Cornyn <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 00 <hr/> Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.8222 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 1
	Amount of Each Disbursement this Period -1000.00

SUBTOTAL of Disbursements This Page (optional) ►

0.00

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)

PAGE 96 / 96

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

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

A.

Full Name (Last, First, Middle Initial)
Committee to Re-Elect Ron Ramsey

Transaction ID: SB29.8221

Date of Disbursement

Mailing Address 3311 Highway 126

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	1

City Blountville State TN Zip Code 37617

Amount of Each Disbursement this Period

-1000.00

Purpose of Disbursement
Voided Check

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional)

-1000.00

TOTAL This Period (last page this line number only)

-1000.00
