

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value=""/>	<input type="text" value="643339.68"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="783441.88"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="51108.31"/>	<input type="text" value="364493.63"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="834550.19"/>	<input type="text" value="1007833.31"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14588.94"/>	<input type="text" value="187872.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="819961.25"/>	<input type="text" value="819961.25"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 04 / 01 / 2012 To: 04 / 30 / 2012

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).....	45376.21	349569.98
(ii) Unitemized	5585.34	11609.75
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	50961.55	361179.73
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1058.82
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	50961.55	362238.55
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).....	146.76	1845.08
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	410.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	51108.31	364493.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	51108.31	364493.63

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	588.94	2396.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	588.94	2396.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14000.00	165500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	19976.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	14588.94	187872.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14588.94	187872.06

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	50961.55	362238.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	50961.55	362238.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	588.94	2396.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	146.76	1845.08
38. Net Operating Expenditures (subtract Line 37 from Line 36)	442.18	550.98

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 68
<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. Amy T Aaron
Full Name (Last, First, Middle Initial)

Mailing Address 620 Bluff Springs Road

City Fort Worth State TX Zip Code 76108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : **A8DB5D3B378CD406BA5C**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction

B. Amy T Aaron
Full Name (Last, First, Middle Initial)

Mailing Address 620 Bluff Springs Road

City Fort Worth State TX Zip Code 76108

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **AADB306830EF46A8A81**

Amount of Each Receipt this Period: **50.00**

Payroll Deduction

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

Mailing Address 3828 White Chapel Way

City Raleigh State NC Zip Code 27615

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

Name of Employer: American Anesthesiology of North Carol Occupation: Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A3ED2A71842574031930**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 68
<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. Sikander Adeni MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4321 Rio Robles Dr
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2012
Transaction ID : A3042ACEAC73147F3B4A
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

B. John Ahmann MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4262 Emerald Blvd
 City Richfield State OH Zip Code 44286
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Ohio Corp. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1500.00**

Date of Receipt: 04 / 02 / 2012
Transaction ID : AF9F868E5735D449AA07
 Amount of Each Receipt this Period: 1500.00

C. Robert Alphin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4028 John S Raboteau Wynd
 City Raleigh State NC Zip Code 27612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of North Carol Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 04 / 30 / 2012
Transaction ID : A96A65ADFE9E6453F831
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 68
<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. Dominic J Andreano
Full Name (Last, First, Middle Initial)

Mailing Address 1720 SW 131st Terrace

City Davie State FL Zip Code 33325

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

Name of Employer Mednax Services, Inc. Occupation VP Dep General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1424.70**

Date of Receipt **04 / 13 / 2012**
Transaction ID : ABB1E30AE484943D8A47

Amount of Each Receipt this Period **203.53**

Payroll Deduction

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

Mailing Address 1720 SW 131st Terrace

City Davie State FL Zip Code 33325

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

Name of Employer Mednax Services, Inc. Occupation VP Dep General Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1628.23**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A5A9CCE0B914645F6A93

Amount of Each Receipt this Period **203.53**

Payroll Deduction

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

Mailing Address 1642 White Pine Drive

City Vienna State VA Zip Code 22182

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

Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A8B3392E8BC8749CD987

Amount of Each Receipt this Period **75.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **482.06**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 11 Orsinger Hill

City San Antonio	State TX	Zip Code 78230
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A1888B325183F4441A60

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

Mailing Address 11 Orsinger Hill

City San Antonio	State TX	Zip Code 78230
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A9DBADDFC1A024D30B78

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

Mailing Address 117 Clipper Cove

City Lafayette	State LA	Zip Code 70508
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Louisiana,	Occupation Corp Med Director NICU
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A5C2B7C747F204820BF0

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	650.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 68
	<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. Valerie Bell MD
Full Name (Last, First, Middle Initial)

Mailing Address 2973 Cheroakwood Lane

City	State	Zip Code
Rockford	IL	61114

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : ABF6A845979B8452084F

Amount of Each Receipt this Period

75.00

Payroll Deduction

B. Timothy Biela MD
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Colonial Woods

City	State	Zip Code
Boerne	TX	78015

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A59F5F97E4A89488198C

Amount of Each Receipt this Period

45.00

Payroll Deduction

C. Timothy Biela MD
Full Name (Last, First, Middle Initial)

Mailing Address 8050 Colonial Woods

City	State	Zip Code
Boerne	TX	78015

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

Name of Employer	Occupation
Pediatrix Medical Services, Inc.	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A9F53A943B8DC4BA48D3

Amount of Each Receipt this Period

45.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	165.00
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 OF 68
	<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. Albert V Brawley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 619 Brae Burn Drive
 City Martinez State GA Zip Code 30907
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Georgia, P.
 Occupation: Hospital Medical Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt: 04 / 30 / 2012
Transaction ID : A00D597C24A6A48809C6
 Amount of Each Receipt this Period: 50.00
 Payroll Deduction

B. David R Breed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 S College St
 City Georgetown State TX Zip Code 78626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 04 / 13 / 2012
Transaction ID : A0642C19BF97B4BDD965
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

C. David R Breed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 S College St
 City Georgetown State TX Zip Code 78626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt: 04 / 30 / 2012
Transaction ID : A9861DDF8E6B64CB690F
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 68
	<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. Howard Brenker MD
Full Name (Last, First, Middle Initial)

Mailing Address 6566 NW 99 Lane

City Parkland State FL Zip Code 33076

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A6E3F2F1ED06D4666A74**

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

Payroll Deduction

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

Mailing Address 12717 W Sunrise Blvd 256

City Sunrise State FL Zip Code 33323

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

Name of Employer: Mednax Services, Inc.
Occupation: Svp And Cio

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A70560A0EBF0E4158ADD**

Amount of Each Receipt this Period: **416.66**

Payroll Deduction

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

Name of Employer: Pediatrix Medical Group, Inc.
Occupation: Reg Dir Pat Accts 15

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : **A62DA54ECE3AC473A95D**

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **726.66**

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 13 OF 68
	<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. Andrew Sean Campbell
Full Name (Last, First, Middle Initial)

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Reg Dir Pat Accts 15

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A4614B825F13A468E85C

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

Payroll Deduction

B. William D Caplan MD
Full Name (Last, First, Middle Initial)

Mailing Address 7207 Edloe

City Houston State TX Zip Code 77025

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A02C24B465F0140639DF

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

Payroll Deduction

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

Mailing Address 1505 First South Apt 401

City Jacksonville State FL Zip Code 32250

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A319B23EF03C24478A1E

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	385.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 68
<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. Elmer K Choi MD
Full Name (Last, First, Middle Initial)

Mailing Address 11773 Hollyview Drive

City State Zip Code
Great Falls VA 22066

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

Name of Employer Occupation
American Anesthesiology of Virginia, P Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : A71C8103534CF4B42831

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 1312 Montrose Dr

City State Zip Code
Shelby NC 28150

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

Name of Employer Occupation
American Anesthesiology of the Southea Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012
Transaction ID : A11602288790D4D93947

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 4301 Willow Ridge Drive

City State Zip Code
Weston FL 33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
420.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012
Transaction ID : A4217E200F00F437B93A

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

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

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

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

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

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

Mailing Address 4301 Willow Ridge Drive

City Weston State FL Zip Code 33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A275FDA3AAE4E4F7FBFC

Amount of Each Receipt this Period **60.00**

Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campo Bello State SC Zip Code 29322

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A99C67E3722024E5C8C4

Amount of Each Receipt this Period **125.00**

Payroll Deduction

C. Jose Colindres MD
Full Name (Last, First, Middle Initial)

Mailing Address 16775 NW 20 Street

City Pembroke Pines State FL Zip Code 33028

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : AFE8F2C6722AF4C6B81F

Amount of Each Receipt this Period **250.00**

Payroll Deduction

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: (check only one)	PAGE 16 OF 68
	<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. Steve Collins
Full Name (Last, First, Middle Initial)

Mailing Address 10468 Laurel Road

City Davie State FL Zip Code 33328

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 04 / 30 / 2012
Transaction ID : A7AB90AFE5C004A1D804

Amount of Each Receipt this Period 500.00

Payroll Deduction

B. Frances C Cox
Full Name (Last, First, Middle Initial)

Mailing Address 2428 Green Meadows Lane

City Buda State TX Zip Code 78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 277.25

Date of Receipt 04 / 13 / 2012
Transaction ID : A3499453681064B198E2

Amount of Each Receipt this Period 55.45

Payroll Deduction

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

Mailing Address 2428 Green Meadows Lane

City Buda State TX Zip Code 78610

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 332.70

Date of Receipt 04 / 30 / 2012
Transaction ID : AD6DBBC5FF0F8413889B

Amount of Each Receipt this Period 55.45

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 610.90

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

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

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

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

A. J Thomas Thomas Cox JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2488 W Keswick Road
 City Florence State SC Zip Code 29501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of South Carol Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : AE7AF6AEAE37243769F6
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

B. Jorge Del Toro MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1059 Nautica Drive
 City Weston State FL Zip Code 33327
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Rvp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1282.68

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : A568BF3F1DB67453BBA3
 Amount of Each Receipt this Period
 320.67
 Payroll Deduction

C. Matthew J Devine
 Full Name (Last, First, Middle Initial)
 Mailing Address 2902 Needham Court
 City Delray Beach State FL Zip Code 33445
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1458.31

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : A1EF024B675C2418F8F5
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	654.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 68
	<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. Matthew J Devine
Full Name (Last, First, Middle Initial)

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A80844E9DE52A4FF9808

Amount of Each Receipt this Period **208.33**

Payroll Deduction

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

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs State GA Zip Code 30350

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A3E42C50074524BC39B8

Amount of Each Receipt this Period **125.00**

Payroll Deduction

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

Mailing Address 110 Oxford Circle

City Bossier City State LA Zip Code 71111

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A33664C8ED9704B3E8CA

Amount of Each Receipt this Period **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **433.33**

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 19 OF 68
<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. Fuad Fakhreddine MD
Full Name (Last, First, Middle Initial)
Mailing Address 215 Northglenn Court

City Atlanta	State GA	Zip Code 30342
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : ACC4979E9A01A4230BEA

Amount of Each Receipt this Period

125.00

Payroll Deduction

B. Roger Freeman
Full Name (Last, First, Middle Initial)
Mailing Address 41 Rivo Alto Canal

City Long Beach	State CA	Zip Code 90803
--------------------	-------------	-------------------

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

Name of Employer Mednax, Inc.	Occupation Member, Mednax, Inc. Board Of
----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	02	/	2012

Transaction ID : A5003CF28FB744DACB03

Amount of Each Receipt this Period

5000.00

C. Simon Frisch
Full Name (Last, First, Middle Initial)
Mailing Address 3816 W Hibiscus Street

City Weston	State FL	Zip Code 33332
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A49C91E7622904270B84

Amount of Each Receipt this Period

100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5225.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Simon Frisch		Date of Receipt
Mailing Address 3816 W Hibiscus Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Weston	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A607AB4D427E846498D0
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director Of Operations	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) B. Josephine Gambardella MD		Date of Receipt
Mailing Address 1014 Priory Place		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
McLean	VA	22101
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB521F705B4834392ACD
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of Virginia, P	Anesthesiologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB7F26C5D1D134635A55
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="208.33"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="416.66"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="408.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 68
<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. Sanjuanita GarzaCox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Ruidosa Downs
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 624.99

Date of Receipt
 04 / 30 / 2012
Transaction ID : A3034DDBA8E5E447CB5C
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

B. Jennifer Granberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 NW 120th Drive
 City Parkland State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Med Coding Ops and IM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 420.00

Date of Receipt
 04 / 13 / 2012
Transaction ID : A30FA76D6EFBB4E2C8D9
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction

C. Jennifer Granberry
 Full Name (Last, First, Middle Initial)
 Mailing Address 7700 NW 120th Drive
 City Parkland State FL Zip Code 33076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Med Coding Ops and IM
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : AE0A0A1BBEDC34BF69D8
 Amount of Each Receipt this Period
 60.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	328.33
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 22 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **740.74**

Date of Receipt **04 / 13 / 2012**
Transaction ID : **A661CB60780A24220918**

Amount of Each Receipt this Period **105.82**

Payroll Deduction

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

Mailing Address 438 Forrest Prk Cir

City Franklin State TN Zip Code 37064

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.56**

Date of Receipt **04 / 30 / 2012**
Transaction ID : **A1CD71CEC0A5943AAB41**

Amount of Each Receipt this Period **105.82**

Payroll Deduction

C. Timothy Gundlach MD
Full Name (Last, First, Middle Initial)

Mailing Address 9008 Unbridal Lane

City Waxhaw State NC Zip Code 28173

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : **A8CECEF6419AC46E28E6**

Amount of Each Receipt this Period **100.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **311.64**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Peter Haney MD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : A5CC6370D3C2D46F386C
Mailing Address 200 Chimney Rock		Amount of Each Receipt this Period 83.33
City Houston	State TX	Zip Code 77024
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.32	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Joseph Harlan JRMD		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2012 Transaction ID : AC964558A7FFB4D5E82D
Mailing Address 2700 Kathwood Court		Amount of Each Receipt this Period 400.00
City Florence	State SC	Zip Code 29501-1975
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of South Carol	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. William Hawk		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 13 / 2012 Transaction ID : AF4749F310C1A4536B4D
Mailing Address 1542 SE 13th Street		Amount of Each Receipt this Period 218.75
City Ft Lauderdale	State FL	Zip Code 33316
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) ▼	Aggregate Year-to-Date ▼ 1531.25	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	702.08
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer American Anesthesiology, Inc. Occupation Svp Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1750.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A804C8A5889C54A1E9E3

Amount of Each Receipt this Period **218.75**

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2041.69**

Date of Receipt **04 / 13 / 2012**

Transaction ID : A5482793C7C2E4E4D8D7

Amount of Each Receipt this Period **291.67**

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Fair Oaks State TX Zip Code 78015

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

Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2333.36**

Date of Receipt **04 / 30 / 2012**

Transaction ID : AB2FB851A7B99419DA50

Amount of Each Receipt this Period **291.67**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	802.09
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

A. Ayne K Iafolla MD
Full Name (Last, First, Middle Initial)

Mailing Address 14220 Cervantes Avenue

City Darnestown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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

Name of Employer Pediatrix of Maryland, P.A.	Occupation Corp Med Director NICU
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AB355E0521B8948508FA

Amount of Each Receipt this Period

150.00

Payroll Deduction

B. Dennis M Jacobs DO
Full Name (Last, First, Middle Initial)

Mailing Address 420 Hendon Row Way

City Fort Mill	State SC	Zip Code 29715
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AF863B321A38C479DB98

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City Reston	State VA	Zip Code 20191
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **888.72**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A66FDB883F5E54484B6E

Amount of Each Receipt this Period

126.96

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	376.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 26 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Debra F Kaspar
Full Name (Last, First, Middle Initial)
Mailing Address 11224 Handlebar Rd
City Reston State VA Zip Code 20191
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Director Of Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1015.68

Date of Receipt: 04 / 30 / 2012
Transaction ID : ABCFD233168FA46F9AD2
Amount of Each Receipt this Period: 126.96
Payroll Deduction

B. Amy Kelleher
Full Name (Last, First, Middle Initial)
Mailing Address 1360 Sycamore Terr
City Boca Raton State FL Zip Code 33486
FEC ID number of contributing federal political committee. **C**
Name of Employer: Mednax Services, Inc. Occupation: Dir Clinical Trials Ops
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 04 / 02 / 2012
Transaction ID : A508CA12E75D542278DE
Amount of Each Receipt this Period: 250.00
Payroll Deduction

C. Alexander Kenton MD
Full Name (Last, First, Middle Initial)
Mailing Address 55 West Elm Circle
City San Antonio State TX Zip Code 78230
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1400.00

Date of Receipt: 04 / 13 / 2012
Transaction ID : A3D85FBA2624D4316801
Amount of Each Receipt this Period: 200.00
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	576.96
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alexander Kenton MD		Date of Receipt
Mailing Address 55 West Elm Circle		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78230
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE1DE40B18ED9446ABAC
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="200.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1600.00"/>	

Full Name (Last, First, Middle Initial) B. Elizabeth Krueger MD		Date of Receipt
Mailing Address 2420 Valley Brook Road		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Nashville	TN	37215
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3CC9AFDF39844FAC9B2
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Tennessee,	Neonatologist	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Tony M Lacaze		Date of Receipt
Mailing Address 4342 Indian Creek Ln		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Frisco	TX	75034
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AAD6ED504D338412B89D
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Rvp	<input type="text" value="208.33"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1458.31"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="508.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4342 Indian Creek Ln

City Frisco State TX Zip Code 75034

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Rvp

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.64**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A899BF77626214F64AF0**

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

Payroll Deduction

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

Mailing Address 6 Jordans Wood Circle

City San Antonio State TX Zip Code 78248

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 ▼ **315.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : **A861F7770489A4550976**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction

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

Mailing Address 6 Jordans Wood Circle

City San Antonio State TX Zip Code 78248

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 ▼ **360.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A4E7A11E022024D2ABD0**

Amount of Each Receipt this Period: **45.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **298.33**

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 29 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Stewart Lawrence MD		Date of Receipt
Mailing Address 2555 E Plateau Drive		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Boise ID 83712		Transaction ID : A20FC392A9EC044ADADC
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="62.50"/>
Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="437.50"/>	

Full Name (Last, First, Middle Initial) B. Stewart Lawrence MD		Date of Receipt
Mailing Address 2555 E Plateau Drive		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City State Zip Code Boise ID 83712		Transaction ID : ACED8ED03E4764E0C85A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="62.50"/>
Name of Employer Mountain States Neonatology, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) C. Vicki Leamy		Date of Receipt
Mailing Address 2523 Sheep Creek Rd		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City State Zip Code Bedford VA 24523		Transaction ID : AD918AEBA60A449D48D7
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="30.00"/>
Name of Employer Pediatrix Medical Group, Inc.	Occupation Adv Practionr Reg Mgr COS	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="210.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="155.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 68
	<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. Vicki Leamy
Full Name (Last, First, Middle Initial)

Mailing Address 2523 Sheep Creek Rd

City Bedford State VA Zip Code 24523

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

Name of Employer: Pediatrix Medical Group, Inc. Occupation: Adv Practionr Reg Mgr COS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : AE75B8C96FAD24202B55

Amount of Each Receipt this Period: **30.00**

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : A8175D16BEA7E48C1A5C

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

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : AA20411E8D214427DBDF

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **230.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 201 NE 4th Street

City Boca Raton State FL Zip Code 33432

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt
04 / 30 / 2012
Transaction ID : AE19FA3DA7499409991D

Amount of Each Receipt this Period
400.00

Payroll Deduction

B. W M Trey Long
Full Name (Last, First, Middle Initial)

Mailing Address 14826 N 54th Place

City Scottsdale State AZ Zip Code 85254

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 ▼
2500.00

Date of Receipt
04 / 23 / 2012
Transaction ID : A8D7854FF06634105A98

Amount of Each Receipt this Period
2500.00

C. Lisa A LowerySmith MD
Full Name (Last, First, Middle Initial)

Mailing Address 7821 Night Hawk Road

City Chattanooga State TN Zip Code 37421

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2666.68

Date of Receipt
04 / 30 / 2012
Transaction ID : A0ACF496319A9493983C

Amount of Each Receipt this Period
666.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 3566.67

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 3903 Laurel Manor Ct

City Raleigh State NC Zip Code 27612

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

Name of Employer American Anesthesiology of North Carol Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A24E03B46976845858DE

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **846.44**

Date of Receipt **04 / 13 / 2012**

Transaction ID : ADDDCEE6FCBBF48629EE

Amount of Each Receipt this Period **120.92**

Payroll Deduction

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **967.36**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A005401529BE64E09962

Amount of Each Receipt this Period **120.92**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **341.84**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Jay Martin
Full Name (Last, First, Middle Initial)
Mailing Address 2715 Bembridge Drive

City Raleigh	State NC	Zip Code 27613
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of North Carol	Occupation Director of Oper ANES
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **808.85**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A23D28D414C0D4F13AD4

Amount of Each Receipt this Period
161.77

Payroll Deduction

B. Jay Martin
Full Name (Last, First, Middle Initial)
Mailing Address 2715 Bembridge Drive

City Raleigh	State NC	Zip Code 27613
-----------------	-------------	-------------------

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

Name of Employer American Anesthesiology of North Carol	Occupation Director of Oper ANES
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **970.62**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AF371134CD030484D84E

Amount of Each Receipt this Period
161.77

Payroll Deduction

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

City Ft Lauderdale	State FL	Zip Code 33301
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology, Inc.	Occupation SVP
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AF6725B6E5F2F466591D

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	423.54
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Stefan R Maxwell MD
Full Name (Last, First, Middle Initial)

Mailing Address 5 Chatham Road

City Charleston	State WV	Zip Code 25304
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1666.68**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A1F384B638D174B47B59

Amount of Each Receipt this Period
416.67

Payroll Deduction

B. Jorge McCormack MD
Full Name (Last, First, Middle Initial)

Mailing Address 7 Brightwaters Circle NE

City St Petersburg	State FL	Zip Code 33704
-----------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Florida, In	Occupation Pediatric Cardiologist
--	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AC6DEB290EF714EE898B

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 12922 Grand Oaks Drive

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

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

Name of Employer Mednax Services, Inc.	Occupation Vp Practice Integration
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : AC641E1997AEB48028F4

Amount of Each Receipt this Period
40.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	556.67
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 35 OF 68
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Deborah MedelGuerrero
 Full Name (Last, First, Middle Initial)
 Mailing Address 12922 Grand Oaks Drive
 City Davie State FL Zip Code 33330
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Vp Practice Integration
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **320.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A15E65A48B3C94BA79D8
 Amount of Each Receipt this Period **40.00**
 Payroll Deduction

B. Bahman Mehdizadeh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 25470 Prado De Las Bellotas
 City Calabasas State CA Zip Code 91302
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of California, Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A4E871AE9510A4B65871
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

C. Hugh Miller MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6910 N Chaparral Place
 City Tucson State AZ Zip Code 85718
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Arizona, P. Occupation Medical Director PERI
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A8E2409AE984F41098AC
 Amount of Each Receipt this Period **150.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **290.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 68
<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. Khawar Mohsini MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Hunters Ridge Dr
 City Saginaw State MI Zip Code 48609
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Michigan, P Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : A47C538028D75450F9F3
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

B. Melissa Montague
 Full Name (Last, First, Middle Initial)
 Mailing Address 6525 Monument Avenue
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director Of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 665.00

Date of Receipt
 04 / 13 / 2012
Transaction ID : ABE0A389591CE4479AB8
 Amount of Each Receipt this Period
 95.00
 Payroll Deduction

C. Melissa Montague
 Full Name (Last, First, Middle Initial)
 Mailing Address 6525 Monument Avenue
 City Richmond State VA Zip Code 23226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director Of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 760.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : A31E6A590A4874EB2A8E
 Amount of Each Receipt this Period
 95.00
 Payroll Deduction

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: (check only one)	PAGE 37 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 18

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

Full Name (Last, First, Middle Initial) A. Ronald A Naglie MD		Date of Receipt
Mailing Address 25135 Stageline Dr		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Laguna Hills	State CA	Zip Code 92653
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A87E0FD8BAF7845F2852
Name of Employer Pediatrix Medical Group of California,	Occupation Medical Director NICU	Amount of Each Receipt this Period <input type="text" value="150.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="600.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Vijay Nama MD		Date of Receipt
Mailing Address 3101 Kennison Court		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City Plano	State TX	Zip Code 75093
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A13B06E3CC22645C5B96
Name of Employer Pediatrix Medical Services, Inc.	Occupation Corp Med Director NICU	Amount of Each Receipt this Period <input type="text" value="416.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1664.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Kathleen S O'Hara		Date of Receipt
Mailing Address 760 Azalea Ct		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City Plantation	State FL	Zip Code 33317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AE3F77058AC28404EAAD
Name of Employer Mednax Services, Inc.	Occupation Director of Coding	Amount of Each Receipt this Period <input type="text" value="50.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="350.00"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="616.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 68
	<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. Kathleen S O'Hara
Full Name (Last, First, Middle Initial)

Mailing Address 760 Azalea Ct

City Plantation State FL Zip Code 33317

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

Name of Employer Mednax Services, Inc. Occupation Director of Coding

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A0041F61EC0CE4BA4833

Amount of Each Receipt this Period **50.00**

Payroll Deduction

B. Chien Oh MD
Full Name (Last, First, Middle Initial)

Mailing Address 10997 E Raintree Drive

City Scottsdale State AZ Zip Code 85255

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A437AD29DA6B9419DB2E

Amount of Each Receipt this Period **125.00**

Payroll Deduction

c. Olufemi O Okanlami MD
Full Name (Last, First, Middle Initial)

Mailing Address 51310 Shamrock Hills Dr

City Granger State IN Zip Code 46530

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

Name of Employer Pediatrix Medical Group of Indiana, P. Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : AB1025DBE94464CEDBAF

Amount of Each Receipt this Period **250.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Alan B Oliver		Date of Receipt
Mailing Address 130 Orion Circle		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Jupiter	FL	33477
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Regional President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Carey D Osborne		Date of Receipt
Mailing Address 4095 NW 24th Avenue		<input type="text" value="04"/> / <input type="text" value="13"/> / <input type="text" value="2012"/>
City	State	Zip Code
Boca Raton	FL	33431
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	Dir Recruiting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="420.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Carey D Osborne		Date of Receipt
Mailing Address 4095 NW 24th Avenue		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Boca Raton	FL	33431
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	Dir Recruiting	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="60.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="370.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 68
	<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. Eduardo A Otero MD
Full Name (Last, First, Middle Initial)

Mailing Address 2110 Alahmbra Crcl

City Coral Gables	State FL	Zip Code 33134
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A5C7E0AD7E5F74A8AAC/

Amount of Each Receipt this Period

150.00

Payroll Deduction

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

Mailing Address 10126 Summit View Pt

City Highland Ranch	State CO	Zip Code 80126
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A519DA00242A041A6BE4

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. Todd Patterson DO
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Cline Street

City Tallahassee	State FL	Zip Code 32308
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A88333804FDF54995AA2

Amount of Each Receipt this Period

200.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 41 OF 68
<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. Hanoch Patt MD
Full Name (Last, First, Middle Initial)
Mailing Address 3005 Scenic Drive

City Austin	State TX	Zip Code 78703
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1125.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AD1ED4684BEAC47C5A31

Amount of Each Receipt this Period
281.25

Payroll Deduction

B. Darren Patz
Full Name (Last, First, Middle Initial)
Mailing Address 253 NE 99th Street

City Miami Shores	State FL	Zip Code 33138
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1458.31

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A23076C3CD77947F5AEB

Amount of Each Receipt this Period
208.33

Payroll Deduction

C. Darren Patz
Full Name (Last, First, Middle Initial)
Mailing Address 253 NE 99th Street

City Miami Shores	State FL	Zip Code 33138
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1666.64

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A3C0DD853AFA4431D9B4

Amount of Each Receipt this Period
208.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	697.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A0AF9377C1BC2414189A

Amount of Each Receipt this Period
400.00

Payroll Deduction

B. Manuel Peregrino MD
Full Name (Last, First, Middle Initial)

Mailing Address 4711 Appletree Dr

City Roanoke State VA Zip Code 24012

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A86BFDA792D3F46EF9BA

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. Curtis B Pickert MD
Full Name (Last, First, Middle Initial)

Mailing Address 4386 Modoc Road

City Santa Barbara State CA Zip Code 93110

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

Name of Employer Pediatrix Medical Group of California, Occupation Medical Director PICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 23 / 2012

Transaction ID : A4F750EE5C58E4D4F89F

Amount of Each Receipt this Period
2500.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 43 OF 68
<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. Maria R Pierce MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 W Elm Circle
 City San Antonio State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 294.12

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : A5AC6DEE21C8145F49EE
 Amount of Each Receipt this Period
 294.12
 Payroll Deduction

B. Arnold Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address 12149 Huske Road
 City Stony Creek State VA Zip Code 23882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Rvp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 606.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 13 / 2012
Transaction ID : A545F7CAD997048C0922
 Amount of Each Receipt this Period
 106.67
 Payroll Deduction

C. Arnold Poole
 Full Name (Last, First, Middle Initial)
 Mailing Address 12149 Huske Road
 City Stony Creek State VA Zip Code 23882
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Rvp
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 693.32

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2012
Transaction ID : AD5E5751C0044453290C
 Amount of Each Receipt this Period
 86.67
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 487.46
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 44 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Mary J Poulson
Full Name (Last, First, Middle Initial)
Mailing Address 1954 S Parfet Drive

City Lakewood	State CO	Zip Code 80227
------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Compliance
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A100413A7AD2F4BE1B7A

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Mary J Poulson
Full Name (Last, First, Middle Initial)
Mailing Address 1954 S Parfet Drive

City Lakewood	State CO	Zip Code 80227
------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Dir Compliance
---	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A0CAF4624638D4970957

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. George Powers MD
Full Name (Last, First, Middle Initial)
Mailing Address 1231 Vista Del Rio

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A85FB0917E3BE4B56B31

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 45 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. George Powers MD		Date of Receipt
Mailing Address 1231 Vista Del Rio		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
San Antonio	TX	78216
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1300.00"/>	
		Transaction ID : ACA478AB76ACB455496B
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Richard Powers MD		Date of Receipt
Mailing Address 110 Gemini Ct		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Los Gatos	CA	95032
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of California,	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="3400.00"/>	
		Transaction ID : A58C914CBA1A742BABC
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. John L Prueitt MD		Date of Receipt
Mailing Address 8500 54th Ave NE		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Seattle	WA	98115
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Director Of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1666.64"/>	
		Transaction ID : A42746263285A425B82D
		Amount of Each Receipt this Period
		<input type="text" value="416.66"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="616.66"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 46 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)
Mailing Address 2581 Luberon Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : AD74C94BE66744548863

Amount of Each Receipt this Period

50.00

Payroll Deduction

B. Patricia Ramsay MD
Full Name (Last, First, Middle Initial)
Mailing Address 2581 Luberon Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A8E0D78977854480A917

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Evelyn Rider MD
Full Name (Last, First, Middle Initial)
Mailing Address 6 Meadowlark Ridge Rd

City Great Falls	State MT	Zip Code 59405
---------------------	-------------	-------------------

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

Name of Employer Alaska Neonatology Associates, Inc.	Occupation Neonatologist
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : AB1427405B4E1424D955

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Mailing Address 6 Meadowlark Ridge Rd

City State Zip Code
Great Falls MT 59405

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

Name of Employer Occupation
Alaska Neonatology Associates, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
04 / 30 / 2012
Transaction ID : A99F12D146C37455CAC7

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 7366 NW 108th Way

City State Zip Code
Parkland FL 33076

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

Name of Employer Occupation
Mednax Services, Inc. Director Train & Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
04 / 13 / 2012
Transaction ID : A166E54517A3D45BA929

Amount of Each Receipt this Period
30.00

Payroll Deduction

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

Mailing Address 7366 NW 108th Way

City State Zip Code
Parkland FL 33076

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

Name of Employer Occupation
Mednax Services, Inc. Director Train & Develop

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
04 / 30 / 2012
Transaction ID : A2F28A324F2784DEF99F

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 110.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 48 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : ACF670968E7D944DCB8D

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AB95DBF97FF534218A83

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **591.71**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A5E51B81B71EC4376954

Amount of Each Receipt this Period

84.53

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	284.53
TOTAL This Period (last page this line 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 OF 68
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

Mailing Address 3941 SW 186th Way

City Miramar State FL Zip Code 33029

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **676.24**

Date of Receipt
04 / 30 / 2012
Transaction ID : A7424871D987349A2A87

Amount of Each Receipt this Period
84.53

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **437.50**

Date of Receipt
04 / 13 / 2012
Transaction ID : A58E318FFDD404216B82

Amount of Each Receipt this Period
62.50

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City Punta Gorda State FL Zip Code 33950

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
04 / 30 / 2012
Transaction ID : A7EA6B2BCC8584A37AB1

Amount of Each Receipt this Period
62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **209.53**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 50 OF 68
<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. Jonathan Schwartz MD
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court
South

City Jacksonville State FL Zip Code 32224

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A2F1DE44728874019B52**

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

Payroll Deduction

B. Clair A Schwendeman MD
Full Name (Last, First, Middle Initial)

Mailing Address 17616 Ivy Hill Drive

City Dallas State TX Zip Code 75287

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : **A10AD442C5B5349DBB1B**

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

Payroll Deduction

c. Clair A Schwendeman MD
Full Name (Last, First, Middle Initial)

Mailing Address 17616 Ivy Hill Drive

City Dallas State TX Zip Code 75287

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A6ED62214E5A54BAB87F**

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

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Richard A Sidebottom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1305 Byron Nelson Pkwy
 City Southlake State TX Zip Code 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 ▼
 400.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : A7679EB7D4B2B4A8DAF4
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

B. M A Siriwardena MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 Stonebridge Court
 City New Hartford State NY Zip Code 13413
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group Neonatology an Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 428.56

Date of Receipt
 04 / 30 / 2012
Transaction ID : AABFA1A0C0D96442197A
 Amount of Each Receipt this Period
 107.14
 Payroll Deduction

C. Kim G Smith MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 FM 1799
 City Mineola State TX Zip Code 75773-4076
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1400.00

Date of Receipt
 04 / 30 / 2012
Transaction ID : A8B6A5EFE769546FEB71
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	307.14
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4871 Acorn Street

City Boca Raton State FL Zip Code 33487

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **428.12**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2012

Transaction ID : AF8E7CE1B98D1442E85B

Amount of Each Receipt this Period
61.16

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City Boca Raton State FL Zip Code 33487

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **489.28**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : A9369DE06F3274694AB6

Amount of Each Receipt this Period
61.16

Payroll Deduction

C. Ana Spence MD
Full Name (Last, First, Middle Initial)

Mailing Address 2251 N 32nd Street Lot 6

City Mesa State AZ Zip Code 85213

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

Name of Employer Occupation
Obstetrix Medical Group of Phoenix, P. Perinatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 30 / 2012

Transaction ID : AABD2981B6427477586A

Amount of Each Receipt this Period
30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	152.32
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 53 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Michael D Stanley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6452 Fianna Hills Dr
 City Fort Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: Regional President-south Centr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 04 / 12 / 2012
Transaction ID : AA0F9AF918E87442CA65
 Amount of Each Receipt this Period: 5000.00

B. Craig Steiner MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4709 Camargo Court
 City College Station State TX Zip Code 77845-4405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt: 04 / 30 / 2012
Transaction ID : A1605025F550744769EE
 Amount of Each Receipt this Period: 100.00
 Payroll Deduction

C. Paul Stern
 Full Name (Last, First, Middle Initial)
 Mailing Address 275 NE Olive Way
 City Boca Raton State FL Zip Code 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Mednax Services, Inc. Occupation: VP Tech Svcs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt: 04 / 13 / 2012
Transaction ID : A51E4EDB67F68474AACD
 Amount of Each Receipt this Period: 150.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 54 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 275 NE Olive Way

City Boca Raton State FL Zip Code 33432

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 30 / 2012
Transaction ID : AA1AE8E020DE24B3B9CE

Amount of Each Receipt this Period 150.00

Payroll Deduction

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

Mailing Address 2124 Bradford Park

City Fort Worth State TX Zip Code 76107

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 04 / 23 / 2012
Transaction ID : AFE8D18425E6C416ABFE

Amount of Each Receipt this Period 4000.00

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

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer Mednax Services, Inc. Occupation Dir Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 595.00

Date of Receipt 04 / 13 / 2012
Transaction ID : A49BED676603142B68D8

Amount of Each Receipt this Period 85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 4235.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 55 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Julia L Stones
Full Name (Last, First, Middle Initial)
Mailing Address 6541 Ne 20 Terrace

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **680.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : A33A2DF68EFDC4022B83

Amount of Each Receipt this Period

85.00

Payroll Deduction

B. Arthur Strauss MD
Full Name (Last, First, Middle Initial)
Mailing Address 8 Blanchard

City Irvine	State CA	Zip Code 92603
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2012

Transaction ID : A7734EB4B4B614243AD8

Amount of Each Receipt this Period

1000.00

C. Terrence J Sweeney MD
Full Name (Last, First, Middle Initial)
Mailing Address 727 17th Avenue East

City Seattle	State WA	Zip Code 98112
-----------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group of Washington,	Occupation Medical Director NICU
--	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **560.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : ACCF86355362C43C085F

Amount of Each Receipt this Period

140.00

Payroll Deduction

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 56 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bannie Lee Tabor MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : ADA2C84F1674C4E9D840
Mailing Address 5020 Still Meadow Drive		Amount of Each Receipt this Period 200.00
City Ft Worth	State TX	Zip Code 76132
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director PERI
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Sandy Tarant MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : A7F4F20C6406E4E8892C
Mailing Address 2710 Aylesford Drive		Amount of Each Receipt this Period 400.00
City Midlothian	State VA	Zip Code 23113
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Corporate Medical Directr
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. B Keith Taylor MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : A9E4BCED59EF0448EA48
Mailing Address 108 Linden Avenue		Amount of Each Receipt this Period 100.00
City Lynchburg	State VA	Zip Code 24503
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Corp Med Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

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: (check only one)	PAGE 57 OF 68
	<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. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 4711 NW 119th Avenue

City Coral Springs	State FL	Zip Code 33076
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1162.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	13	/	2012

Transaction ID : A9928C7F0C722404F800

Amount of Each Receipt this Period
166.00

Payroll Deduction

B. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 4711 NW 119th Avenue

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 Business Development
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1328.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AA77257FAB9654CE383B

Amount of Each Receipt this Period
166.00

Payroll Deduction

C. Scott Tisdell MD
Full Name (Last, First, Middle Initial)
Mailing Address 1420 Crownhill DR

City Arlington	State TX	Zip Code 76012
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
681.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	30	/	2012

Transaction ID : AB6FF1181A8284626980

Amount of Each Receipt this Period
227.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	559.27
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 58 OF 68
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A7C5186EF740F4CABA6B

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

Payroll Deduction

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

Mailing Address 5450 Autumn Court

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A42D6F9E7266A4382AC9

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

Payroll Deduction

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

Mailing Address 3100 Briar Stream Run

City Raleigh State NC Zip Code 27612

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

Name of Employer: American Anesthesiology of North Carol
Occupation: Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **04 / 30 / 2012**

Transaction ID : A4A5E37ACA0444A3D889

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	425.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 68
	<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. Wendy Troyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1274 Redfield Ridge
 City Atlanta State GA Zip Code 30338
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Neonatology Associates of Atlanta, P.C. Occupation Corporate Medical Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : ADCA4000D434C4E0EA34
 Amount of Each Receipt this Period **200.00**
 Payroll Deduction

B. Gary A Twiggs MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 24761 Judi Court Suite 4000
 City Laguna Niguel State CA Zip Code 92677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Regional President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1666.68**

Date of Receipt **04 / 30 / 2012**
Transaction ID : AC8CF5CC3FFD049F99A3
 Amount of Each Receipt this Period **416.67**
 Payroll Deduction

C. Martin P Walker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7960 Simonds Road NE
 City Kenmore State WA Zip Code 98028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Washington, Occupation Practice Med DirPERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 30 / 2012**
Transaction ID : A0B109F2E86664B61845
 Amount of Each Receipt this Period **125.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **741.67**
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 60 OF 68
<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. Marshall W Walker MD
Full Name (Last, First, Middle Initial)

Mailing Address 53 Forest Lane

City Greenville State SC Zip Code 29605

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A7D242BFA2FB94640838**

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

Payroll Deduction

B. Michele M Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 10080 Nw 10th St

City Plantation State FL Zip Code 33322

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

Name of Employer: **Mednax Services, Inc.**
Occupation: **Dir Clinical Systems**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **04 / 13 / 2012**
Transaction ID : **A826BC738A6184EDB924**

Amount of Each Receipt this Period: **20.00**

Payroll Deduction

C. Michele M Wallace
Full Name (Last, First, Middle Initial)

Mailing Address 10080 Nw 10th St

City Plantation State FL Zip Code 33322

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

Name of Employer: **Mednax Services, Inc.**
Occupation: **Dir Clinical Systems**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt: **04 / 30 / 2012**
Transaction ID : **A1EFB00F5AD6A41938DE**

Amount of Each Receipt this Period: **20.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **290.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 61 OF 68
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Mary Wearden MD		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : AB1A0E81BB55A40948F6
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Mary Wearden MD		Date of Receipt MM / DD / YYYY 04 / 30 / 2012 Transaction ID : A49BBB5976FF54E5DA10
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1600.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Scott T Wiles		Date of Receipt MM / DD / YYYY 04 / 13 / 2012 Transaction ID : A2FCDB8EF2D38423A9FC
Mailing Address 734 Marble Way		Amount of Each Receipt this Period 60.00
City Boca Raton	State FL	Zip Code 33432
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Director Of Tax
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 420.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	460.00
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 62 OF 68
	<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. Scott T Wiles
Full Name (Last, First, Middle Initial)

Mailing Address 734 Marble Way

City Boca Raton State FL Zip Code 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 **04 / 30 / 2012**

Transaction ID : AB7FD25D1C73544E095D

Amount of Each Receipt this Period **60.00**

Payroll Deduction

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

Mailing Address 4824 Studbury Hall Ct

City Wake Forest State NC Zip Code 27587

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

Name of Employer Critical Health Systems, Inc. Occupation Regional COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt **04 / 13 / 2012**

Transaction ID : A4A38367B94744DF4AF6

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

Mailing Address 4824 Studbury Hall Ct

City Wake Forest State NC Zip Code 27587

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

Name of Employer Critical Health Systems, Inc. Occupation Regional COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **04 / 30 / 2012**

Transaction ID : A5DB67C00E78E4E53A78

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 68
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Gary L Yup MD		Date of Receipt										
Mailing Address 2301 Fireside Circle		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		30		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
04		30		2012								
City State Zip Code Reno NV 89509		Transaction ID : A900E05AA54604B0F85F										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00										
Name of Employer Pokroy Medical Group of Nevada, Ltd.	Occupation Medical Director NICU	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00											

Full Name (Last, First, Middle Initial) B. Terrance J Zuerlein MD		Date of Receipt										
Mailing Address 21 Fontenay Circle		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>04</td> <td></td> <td>30</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	04		30		2012
M M M	/	D D D	/	Y Y Y Y Y Y								
04		30		2012								
City State Zip Code Little Rock AR 72223		Transaction ID : A1AEBCE70E6C840F5ABB										
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00										
Name of Employer Pediatrix Medical Group of Arkansas, P	Occupation Medical Director NICU	Payroll Deduction										
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00											

Full Name (Last, First, Middle Initial) C.		Date of Receipt										
Mailing Address		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y								
City State Zip Code		Amount of Each Receipt this Period										
FEC ID number of contributing federal political committee. C												
Name of Employer	Occupation											
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼											

SUBTOTAL of Receipts This Page (optional).....▶	450.00
TOTAL This Period (last page this line number only).....▶	45376.21

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

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

FOR LINE NUMBER: PAGE 64 OF 68
(check only one)

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

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

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

A. Mednax, Inc
Full Name (Last, First, Middle Initial)
Mailing Address 1301 Concord Terrace
City Sunrise State FL Zip Code 33323
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
1845.08

Date of Receipt
04 / 07 / 2012
Transaction ID : A81F56F30476342CC8F5
Amount of Each Receipt this Period
146.76

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	146.76
TOTAL This Period (last page this line number only).....▶	146.76

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree Street

City Atlanta State GA Zip Code 30308

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 16 / 2012

Transaction ID : B611CDC38F24F4EF4ADE

Amount of Each Disbursement this Period

81.64

Full Name (Last, First, Middle Initial)

B. Paypal, Inc.

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2012

Transaction ID : BE7D1AB41FE3B4EE0B73

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

C. Paypal, Inc.

Mailing Address 2145 Hamilton Avenue

City San Jose State CA Zip Code 95125

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2012

Transaction ID : B431BE041D6D94BCCA80

Amount of Each Disbursement this Period

477.30

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

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

588.94

588.94

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Political Contribution

Candidate Name
Rep. Andrew P. Harris

Office Sought: House
 Senate
 President
State: MD District: 01

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2012

Transaction ID : **B6B6FDD81071A460EBAE**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 N Capitol St NW #585
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement
Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼ Other2012

Date of Disbursement

MM / DD / YYYY
04 / 10 / 2012

Transaction ID : **BDBFAC9B17F094C8E897**

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Hagan For U.S. Senate Inc.

Mailing Address P.O. Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Voided Contribution

Candidate Name
Sen. Kay R. Hagan

Office Sought: House
 Senate
 President
State: NC District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 06 / 2012

Transaction ID : **B33A1981E2A354470800**

Amount of Each Disbursement this Period

-1000.00

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

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

6500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. HIRSCHBIEL FOR CONGRESS

Mailing Address PO BOX 8728

City VIRGINIA BEACH State VA Zip Code 23450

Purpose of Disbursement
Political Contribution

Candidate Name
Paul Odell Hirschbiel JR

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: VA District: 02

Date of Disbursement

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

Transaction ID : BFA10BEE7E1D04B87992

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City CARROLLTON State TX Zip Code 75011

Purpose of Disbursement
Voided Contribution

Candidate Name
Rep. Kenny E. Marchant

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: TX District: 24

Date of Disbursement

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

Transaction ID : B0F2A7A448D244448A9D

Amount of Each Disbursement this Period

-	1	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C. Texans For Senator John Cornyn Inc.

Mailing Address P.O. Box 13026
Suite 180

City Austin State TX Zip Code 78711

Purpose of Disbursement
Political Contribution

Candidate Name
Sen. John Cornyn

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

Date of Disbursement

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

Transaction ID : BCFD9F33B7CF9467E8AE

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

1	0	0	0	0	0	0	0	0	0
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TOTAL This Period (last page this line number only)..... ▶

1	0	0	0	0	0	0	0	0	0
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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Texans For Senator John Cornyn Inc.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		10		2012

Mailing Address P.O. Box 13026
Suite 180

Transaction ID : BB1D5C7819D7C4B73ADE

City Austin State TX Zip Code 78711

Amount of Each Disbursement this Period

4000.00

Purpose of Disbursement
Political Contribution

--

Candidate Name

Sen. John Cornyn

Category/
Type

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. The Congressman Joe Barton Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		03		2012

Mailing Address P.O. Box 1444

Transaction ID : B47FE80F5EB09401F970

City Ennis State TX Zip Code 75120

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution

--

Candidate Name

Rep. Joe L. Barton

Category/
Type

Office Sought: House
 Senate
 President
State: TX District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

6500.00

14000.00
