

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period M M / D D / Y Y Y Y Y Y 08 / 01 / 2013 through M M / D D / Y Y Y Y Y Y 08 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Karen S Witte

Signature of Treasurer Karen S Witte [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 09 / 19 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		582598.46
(b) Cash on Hand at Beginning of Reporting Period.....	851405.07	
(c) Total Receipts (from Line 19)	30989.97	573160.51
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	882395.04	1155758.97
7. Total Disbursements (from Line 31).....	87915.79	361279.72
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	794479.25	794479.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	30063.82	520963.89
(ii) Unitemized	893.72	47004.21
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	30957.54	567968.10
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	30957.54	567968.10
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).....	32.43	692.41
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	4500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	30989.97	573160.51
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	30989.97	573160.51

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	115.79	554.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	115.79	554.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	229000.00
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	78800.00	131725.00
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)) ..	87915.79	361279.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87915.79	361279.72

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)	30957.54	567968.10
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30957.54	567968.10
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	115.79	554.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	32.43	692.41
38. Net Operating Expenditures (subtract Line 37 from Line 36)	83.36	-137.69

**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 130
<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 ▼ **750.00**

Date of Receipt: 08 / 15 / 2013
Transaction ID : A33BDAA97A1B34C8BAFC

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 ▼ **800.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : A0198E82D24D54AF0B5E

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: Medical Director Anesth

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : ABFC10446517C4663A3B

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 130
	<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. Sikander Adeni MD

Mailing Address 366 Cortona Drive

City Westlake Hills	State TX	Zip Code 78746
------------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : ADE4805F138F24D068D0

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 4050 Sw 140 Ave

City Davie	State FL	Zip Code 33330
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
551.40

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : AD56275D789F04764A0B

Amount of Each Receipt this Period
36.76

Payroll Deduction

Full Name (Last, First, Middle Initial)
c. John M Aguiar

Mailing Address 4050 Sw 140 Ave

City Davie	State FL	Zip Code 33330
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
588.16

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : A0005F08014124598A92

Amount of Each Receipt this Period
36.76

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	173.52
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 130
<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. Kaashif A Ahmad MD
Full Name (Last, First, Middle Initial)
Mailing Address 11814 Elmscourt

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 ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AA67009F2238C432C9F8

Amount of Each Receipt this Period

20.00

Payroll Deduction

B. Kaashif A Ahmad MD
Full Name (Last, First, Middle Initial)
Mailing Address 11814 Elmscourt

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A70385BA68EDF462F889

Amount of Each Receipt this Period

20.00

Payroll Deduction

C. Shannon S Allen
Full Name (Last, First, Middle Initial)
Mailing Address 10200 Waters Dr

City Irving	State TX	Zip Code 75063
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **753.15**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AD0C9C3D55E5B4C17A2D

Amount of Each Receipt this Period

50.21

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	90.21
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 130
<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. Shannon S Allen
Full Name (Last, First, Middle Initial)

Mailing Address 10200 Waters Dr

City Irving State TX Zip Code 75063

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **803.36**

Date of Receipt
08 / 30 / 2013

Transaction ID : A730B36809CD54AB998B

Amount of Each Receipt this Period
50.21

Payroll Deduction

B. 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 Occupation
American Anesthesiology of North Carol Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
08 / 30 / 2013

Transaction ID : AA55EFBA39976434D8B6

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. 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 Occupation
Mednax Services, Inc. SVP and Gen'l Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3750.00**

Date of Receipt
08 / 15 / 2013

Transaction ID : A2C5872FE7DEC4719A47

Amount of Each Receipt this Period
250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	400.21
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 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1720 SW 131st Terrace

City Davie State FL Zip Code 33325

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

Name of Employer Mednax Services, Inc. Occupation SVP and Gen'l Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **4000.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A96167C34DE59416899A

Amount of Each Receipt this Period **250.00**

Payroll Deduction

B. Pratibha Ankola MD
Full Name (Last, First, Middle Initial)

Mailing Address 35 Sprain Valley Rd # B12

City Scarsdale State NY Zip Code 10583

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A291797CB806F4A18AA7

Amount of Each Receipt this Period **200.00**

Payroll Deduction

C. Travis Ansley DO
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Crooked Stick Dr

City Rock Hill State SC Zip Code 29730

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : AA8808FAEF8E949B9AAD

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 130
	<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. Zenaida P Aranda MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 249 Clendenny Ave
 City Jersey City State NJ Zip Code 07304-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group Neonatology an Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : AB3EE5FA1574D4998A2E
 Amount of Each Receipt this Period
 30.00
 Payroll Deduction

B. J Michael Armand MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1435 Natchez Way
 City Grayson State GA Zip Code 30017-1070
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Georgia, P. Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A47BA3894648C4B66829
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

C. Eddie Arredondo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1827 Magliano Drive
 City Boynton Beach State FL Zip Code 33436
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. Sr Staff Auditor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : AF3AC696D95914DBBA60
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 105.00
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 130
	<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. Eddie Arredondo		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A5D346C651239455AA92
Mailing Address 1827 Magliano Drive		Amount of Each Receipt this Period 25.00
City Boynton Beach	State FL	Zip Code 33436
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Sr Staff Auditor
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Jennifer F Arriza		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : A7D0AC31FB26542B69C7
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Jennifer F Arriza		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A8575ED6C406244818C2
Mailing Address 1948 SW 177 Ave		Amount of Each Receipt this Period 25.00
City Miramar	State FL	Zip Code 33029
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	
Payroll Deduction		

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Ronda K Ash		Date of Receipt
Mailing Address 3927 Lawson Blvd		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delray Beach	FL	33445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1357842DE7BA4FB5825
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir of CodingANES	<input type="text" value="105.73"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1374.49"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronda K Ash		Date of Receipt
Mailing Address 3927 Lawson Blvd		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Delray Beach	FL	33445
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2C58CBAC6B684CF09A7
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir of CodingANES	<input type="text" value="105.73"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1480.22"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Erhan Atasoy MD		Date of Receipt
Mailing Address 4756 Sharpstone Lane		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ACE5048F0A43747DFB1A
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of North Carol	Anesthesiologist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="261.46"/>
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 14 OF 130
	<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. Christine N Aune MD
Full Name (Last, First, Middle Initial)

Mailing Address 15814 Seekers St

City San Antonio	State TX	Zip Code 78255
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A6D3D2766889D411A909

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Christine N Aune MD
Full Name (Last, First, Middle Initial)

Mailing Address 15814 Seekers St

City San Antonio	State TX	Zip Code 78255
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : ACDBEB18810414C80BFA

Amount of Each Receipt this Period
50.00

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
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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 ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A1311B06906C4407999E

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 130
	<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 L Bankston MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 111 Pembroke Dr
 City State Zip Code
 Palm Beach Gardens FL 33418
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : A9A292181E5C04D00A77
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

B. Andrew Charles H Barton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Wood Cove Road
 City State Zip Code
 Wilmington NC 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 15 / 2013
Transaction ID : A652D2E085DA246A1AC8
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

C. Andrew Charles H Barton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 813 Wood Cove Road
 City State Zip Code
 Wilmington NC 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea 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
 08 / 30 / 2013
Transaction ID : AC3B37247C04540608B2
 Amount of Each Receipt this Period
 25.00
 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: PAGE 16 OF 130
(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. Michael Battista MD

Mailing Address 11 Orsinger Hill

City San Antonio State TX Zip Code 78230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 3750.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : ABC23DFB850894A1FBEC

Amount of Each Receipt this Period
 250.00

Payroll Deduction

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

Mailing Address 11 Orsinger Hill

City San Antonio State TX Zip Code 78230

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A50725690FFD14C7C874

Amount of Each Receipt this Period
 250.00

Payroll Deduction

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

Mailing Address 5413 Andrews Reach Loop Rd

City Wilmington State NC Zip Code 28409

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

Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : A7F8106F94FFF4353BC7

Amount of Each Receipt this Period
 25.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 17 OF 130 (check only one)
<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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

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

Mailing Address 5413 Andrews Reach Loop Rd

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

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

Name of Employer 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
08	/	30	/	2013

Transaction ID : A163E57A0E84940D7A5C

Amount of Each Receipt this Period

25.00

Payroll Deduction

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

Mailing Address 117 Clipper Cove

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A0CD5752873884644BEB

Amount of Each Receipt this Period

150.00

Payroll Deduction

C. Jwalanaiah Bellur MD
Full Name (Last, First, Middle Initial)

Mailing Address 6521 NE 21 Way

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A75E9A363437E42A1A14

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 130
	<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 ▼ **600.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

Transaction ID : A8A15E735762B4CDD9EF

Amount of Each Receipt this Period

75.00

Payroll Deduction

B. Jennifer L Benoit
Full Name (Last, First, Middle Initial)

Mailing Address 13830 SW 33rd Court

City	State	Zip Code
Davie	FL	33330

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	Dir Office Based Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	15	/	2013

Transaction ID : A6E715AFE308A463D900

Amount of Each Receipt this Period

20.00

Payroll Deduction

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

Mailing Address 13830 SW 33rd Court

City	State	Zip Code
Davie	FL	33330

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

Name of Employer	Occupation
Pediatrix Medical Group, Inc.	Dir Office Based Ops

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08	/	30	/	2013

Transaction ID : A31A0C2742C0F4B4E83A

Amount of Each Receipt this Period

20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	115.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Arthur F Bergh MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1050 N Taylor St 1508 # 1508
 City Arlington State VA Zip Code 22201
 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 ▼ 800.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AB0CB10326CB84631B63
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

B. Timothy Biela MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8050 Colonial Woods
 City Boerne State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 675.00

Date of Receipt 08 / 15 / 2013
Transaction ID : A8C72F474BD3D4A2CAFA
 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 Boerne State TX Zip Code 78015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A28270BA32AD541788A1
 Amount of Each Receipt this Period 45.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	190.00
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 130
	<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. Kimberly J Bowden
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Red Mangrove Lane South
 City Ft Lauderdale State FL Zip Code 33312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Fin OperationsInt'l
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 15 / 2013**
Transaction ID : ACFF8C311B2B8428FB9E
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction

B. Kimberly J Bowden
 Full Name (Last, First, Middle Initial)
 Mailing Address 3050 Red Mangrove Lane South
 City Ft Lauderdale State FL Zip Code 33312
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Fin OperationsInt'l
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A156676F3E97C49A0B91
 Amount of Each Receipt this Period **25.00**
 Payroll Deduction

C. 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 ▼ **400.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A90452ECC3B3D4AD5A2A
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 130
<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. 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 ▼
1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A68EFDDD77D08417698A

Amount of Each Receipt this Period
100.00

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 ▼
1600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A2F46CF2392C94D0080D

Amount of Each Receipt this Period
100.00

Payroll Deduction

C. 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 ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A65373D5B116146298CB

Amount of Each Receipt this Period
250.00

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 22 OF 130
	<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. David M Brouhard MD
Full Name (Last, First, Middle Initial)

Mailing Address 1905 S Moorings Drive

City Wilmington State NC Zip Code 28405

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : AA8860D5DA6F244D381F

Amount of Each Receipt this Period **25.00**

Payroll Deduction

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

Mailing Address 1905 S Moorings Drive

City Wilmington State NC Zip Code 28405

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : A5C76A4414BC5499D8A6

Amount of Each Receipt this Period **25.00**

Payroll Deduction

c. 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 ▼ **3333.28**

Date of Receipt **08 / 30 / 2013**

Transaction ID : AE8EDAA90C0164ADC994

Amount of Each Receipt this Period **416.66**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 130
	<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. Noah S Bunker MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 Hedge Lane
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Texas, Inc. Occupation Medical Director Anesth
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AC3662D1346174692952
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Samuel A Burns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7718 Moss Brook Drive
 City San Antonio State TX Zip Code 78255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 08 / 15 / 2013
Transaction ID : AA8830B2524EB40A1ABD
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

C. Samuel A Burns MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 7718 Moss Brook Drive
 City San Antonio State TX Zip Code 78255
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AF39FACE2EF87443195D
 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 24 OF 130
	<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 ▼ **900.00**

Date of Receipt: **08 / 15 / 2013**

Transaction ID : A2F76F7965BC54791917

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

Payroll Deduction

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

Mailing Address 423 Westridge Circle

City Anaheim State CA Zip Code 92651

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : A995701921E2A491B912

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

Payroll Deduction

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

Mailing Address 7207 Edloe

City Houston State TX Zip Code 77025

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : AEB8A9481DFF64C269BE

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **320.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 130
	<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. Ronald Carzoli MD
Full Name (Last, First, Middle Initial)

Mailing Address 1505 First South
Apt 401

City Jacksonville State FL Zip Code 32250

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
08 / 30 / 2013
Transaction ID : AB1EBCEA97D524219AA6

Amount of Each Receipt this Period
125.00

Payroll Deduction

B. Amy L Cassidy MD
Full Name (Last, First, Middle Initial)

Mailing Address 8873 Cravenwood Dr

City Oak Ridge State NC Zip Code 27310

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

Name of Employer Occupation
Southeast Anesthesiology Consultants, Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 30 / 2013
Transaction ID : AB9A9E64D398D4C41842

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 8620 Wood Forest

City San Antonio State TX Zip Code 78251

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. NNP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
08 / 15 / 2013
Transaction ID : AFF587062061C45A389C

Amount of Each Receipt this Period
20.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 195.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 130
	<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. Deborah Catland
Full Name (Last, First, Middle Initial)

Mailing Address 8620 Wood Forest

City San Antonio State TX Zip Code 78251

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : A96D8899C9829442E9F6

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

Payroll Deduction

B. Donald H Chace PHD
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Rolling Meadow

City Pittsburgh State PA Zip Code 15241

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt: 08 / 15 / 2013
Transaction ID : A704074BB5B6A42FCBED

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

Payroll Deduction

C. Donald H Chace PHD
Full Name (Last, First, Middle Initial)

Mailing Address 1212 Rolling Meadow

City Pittsburgh State PA Zip Code 15241

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **700.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : A0D3317DCB3DD4FBFB9C

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **120.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 130
	<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. Carroll L Chambers JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3117 Cutchin Dr
 City Charlotte State NC Zip Code 28210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A785BDF0962E5421D924
 Amount of Each Receipt this Period **75.00**
 Payroll Deduction

B. Elmer K Choi MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 407 Park Street SE
 City Vienna State VA Zip Code 22180-5806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A96DD0DC002194FDA97D
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

C. Bobby Clifton MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1312 Montrose Dr
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A5E3A20A9C1AA4B6C8BD
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **275.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 130
	<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 ▼ **1900.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : A974C1C05A7CF4CDFA24

Amount of Each Receipt this Period **60.00**

Payroll Deduction

B. 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 ▼ **1960.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : A1626A9F6B7D0485DB98

Amount of Each Receipt this Period **60.00**

Payroll Deduction

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

Mailing Address 1629 Sterling Road

City Charlotte State NC Zip Code 28209

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : ACA7432456F7442068FA

Amount of Each Receipt this Period **75.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **195.00**

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 130
	<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. 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 Occupation
 Pediatrix Medical Group of South Carol Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A4210063AB8DE4F3D985
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

B. 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 Occupation
 Pediatrix Medical Group of Florida, In Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A3337EB21BE3F4F34BF8
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

C. 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 Occupation
 Mednax Services, Inc. SVP Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 4000.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A7F9919F60814496CB49
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	875.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 130
	<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. Larry Consenstein MD
Full Name (Last, First, Middle Initial)

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **08 / 15 / 2013**
Transaction ID : A561C134BF4514B4DA70

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

Payroll Deduction

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

Mailing Address 322 Farmer St

City Syracuse State NY Zip Code 13203

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : AAE450B17EC754248A2C

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

Payroll Deduction

C. William B Corkey MD
Full Name (Last, First, Middle Initial)

Mailing Address 1413 Dogwood Lane

City Raleigh State NC Zip Code 27607

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 ▼ **635.00**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : A525EAE65E3F5472EAD1

Amount of Each Receipt this Period: **85.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **185.00**

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 130
	<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. Frances C Cox		Date of Receipt
Mailing Address 304 Saffron Springs		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Buda	TX	78610
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A397FC87B9C1E4D3A9CC
Pediatrix Medical Group, Inc.	Regional HS Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Frances C Cox		Date of Receipt
Mailing Address 304 Saffron Springs		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Buda	TX	78610
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AF24AAD74E3C94A15B96
Pediatrix Medical Group, Inc.	Regional HS Manager	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	<input type="text" value="25.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) c. J Thomas Thomas Cox JRMD		Date of Receipt
Mailing Address 2488 W Keswick Road		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Florence	SC	29501
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : ACD477681FA1D4E75A42
Pediatrix Medical Group of South Carol	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	<input type="text" value="125.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="175.00"/>
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 32 OF 130
	<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. Amanda R Crow MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 414 Cutler Street
 City Raleigh State NC Zip Code 27603
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of North Carol
 Occupation Anesthesiologist Assoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AF82F59ED0316483188C
 Amount of Each Receipt this Period 35.00
 Payroll Deduction

B. Margaret D Davis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5115 Park Drive
 City Vermilion State OH Zip Code 44089
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group of Ohio Corp.
 Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AEC2C7A69FECD46EE878
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

C. Roberta H De Regt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 10930 250th Ave Ne
 City Redmond State WA Zip Code 98053
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Obstetrix Medical Group of Washington,
 Occupation Perinatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 700.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A8E8447009E8D49F282A
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 185.00
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 33 OF 130
	<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. Jorge Del Toro MD		Date of Receipt
Mailing Address 3020 NW 125th Avenue Unit 317		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Sunrise	State FL	Zip Code 33323
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A9BB2D27111674CFB970
Name of Employer Pediatrix Medical Group, Inc.		Amount of Each Receipt this Period <input type="text" value="320.67"/>
Occupation RVP		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="2565.36"/>	

Full Name (Last, First, Middle Initial) B. Bruce J Denenny MD		Date of Receipt
Mailing Address 10 Winterberry Ct		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A95FD93659F2846748B9
Name of Employer Southeast Anesthesiology Consultants,		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Occupation Anesthesiologist		Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) C. Matthew J Devine		Date of Receipt
Mailing Address 2902 Needham Court		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Delray Beach	State FL	Zip Code 33445
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A6F105DA10CEA4C4AAF9
Name of Employer Mednax Services, Inc.		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Occupation VP Business Development		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="3124.95"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="579.00"/>
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 34 OF 130
	<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. Matthew J Devine		Date of Receipt 08 / 30 / 2013 Transaction ID : AD81B61CF4C8E4139AFB
Mailing Address 2902 Needham Court		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Rebecca D Doise MD		Date of Receipt 08 / 15 / 2013 Transaction ID : AFF24D705A5DE406FACD
Mailing Address 475 I49 S Service Road		Amount of Each Receipt this Period 25.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Emergent and Critical Care S	Occupation Medical Director ER
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Rebecca D Doise MD		Date of Receipt 08 / 30 / 2013 Transaction ID : AF71BD6B08FB14E7995C
Mailing Address 475 I49 S Service Road		Amount of Each Receipt this Period 25.00
City Sunset	State LA	Zip Code 70584
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Emergent and Critical Care S	Occupation Medical Director ER
Receipt For: <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).....▶	258.33
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 35 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. James Doyle MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A377A45C82CB34D72810
Mailing Address 6133 Creola road		Amount of Each Receipt this Period 100.00
City Charlotte	State NC	Zip Code 28270
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) B. Cedric Dupont MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A571FF3EAECD947ED8E2
Mailing Address 29 Pascal Lane		Amount of Each Receipt this Period 100.00
City Austin	State TX	Zip Code 78746
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of Texas, Inc.	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) c. Julie Dyer		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : AD50150548C554754A50
Mailing Address 7710 Scrapeshin Trail Apt 107		Amount of Each Receipt this Period 20.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Tennessee,	Occupation NNP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....▶	220.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 36 OF 130
	<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. Julie Dyer		Date of Receipt 08 / 30 / 2013 Transaction ID : A3E39389C77F34663BE9
Mailing Address 7710 Scrapeshin Trail Apt 107		Amount of Each Receipt this Period 20.00
City Chattanooga	State TN	Zip Code 37421
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Tennessee,	Occupation NNP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

Full Name (Last, First, Middle Initial) B. Charlene D Edwards MD		Date of Receipt 08 / 30 / 2013 Transaction ID : A83E36A628BDF4A0D9A4
Mailing Address 4 Sailview Cove		Amount of Each Receipt this Period 50.00
City Greensboro	State NC	Zip Code 27455
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Southeast Anesthesiology Consultants,	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Daniel P Eller		Date of Receipt 08 / 30 / 2013 Transaction ID : A34FC3664D6EE450BB82
Mailing Address 8231 Nesbit Ferry Road		Amount of Each Receipt this Period 125.00
City Sandy Springs	State GA	Zip Code 30350
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Corp Med Director PERI	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 130
	<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. Julia Elrod MD

Mailing Address 110 Oxford Circle

City Bossier City	State LA	Zip Code 71111
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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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A7B72FCA8A86D40958B5

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 3127 Windsong Dr

City Oakton	State VA	Zip Code 22124
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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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A39898CD4059242208A6

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 2614 Mimosa Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A0782FA51F14D43CF9E2

Amount of Each Receipt this Period

25.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 130
	<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. Judson H Evans MD
Full Name (Last, First, Middle Initial)

Mailing Address 2614 Mimosa Place

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

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

Name of Employer 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
08	/	30	/	2013

Transaction ID : A8ED29937BB134918850

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

Mailing Address 617 Blair Street

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A419037D630244556876

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

Mailing Address 2903 Hamden Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AB5098952B1454B85BC5

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 130
	<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. Alexander F Fortune MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 906 W Cornwallis Drive
 City Greensboro State NC Zip Code 27408
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A762DE2D9DDC547318ED
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

B. Michael A Foster MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1729 Oak Ridge Road
 City Oak Ridge State NC Zip Code 27310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A778EE2E53CFA4551B75
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

C. Richard Franklin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2207 Peninsula Ave
 City Shelby State NC Zip Code 28150
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 680.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AA5761D510B9E4496B5A
 Amount of Each Receipt this Period 85.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	185.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 130
	<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. Charles E Frederick MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Old Saybrook Drive
 City Greensboro State NC Zip Code 27455-2724
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 840.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AD19318BAFDF04F3B8CB
 Amount of Each Receipt this Period 30.00
 Payroll Deduction

B. Simon Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3816 W Hibiscus Street
 City Weston State FL Zip Code 33332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2013
Transaction ID : A4C48267CD56049959F2
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

C. Simon Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3816 W Hibiscus Street
 City Weston State FL Zip Code 33332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Director of Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AAEE3B2BC3AC34B4EB28
 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 41 OF 130
	<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. Josephine Gambardella MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1014 Priory Place
 City McLean State VA Zip Code 22101
 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 ▼ **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : ABA735CE867514C04A73
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

B. Sanjuanita GarzaCox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Ruidosa Downs
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **3124.95**

Date of Receipt **08 / 15 / 2013**
Transaction ID : AB2AB872C22B841C2BE8
 Amount of Each Receipt this Period **208.33**
 Payroll Deduction

c. Sanjuanita GarzaCox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Ruidosa Downs
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Services, Inc. Occupation Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **3333.28**

Date of Receipt **08 / 30 / 2013**
Transaction ID : AD9AB8136B4A84EC69DC
 Amount of Each Receipt this Period **208.33**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **516.66**
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 42 OF 130
	<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 Gilbert MD
Full Name (Last, First, Middle Initial)

Mailing Address 1107 Queens Road

City Charlotte	State NC	Zip Code 28207
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Anesthesiology of the Southea	Occupation Medical Director Anesth
--	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A0FA1C575363F4A2F93B

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address PO Box 48

City Tallahassee	State FL	Zip Code 32302
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A4C9B70441AEA4828ACE

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

Mailing Address PO Box 48

City Tallahassee	State FL	Zip Code 32302
---------------------	-------------	-------------------

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

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

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
08	/	30	/	2013

Transaction ID : A82A276BA47F74C77858

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 43 OF 130
	<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. Jennifer Granberry
Full Name (Last, First, Middle Initial)

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A9047E391F7984D7AB1F

Amount of Each Receipt this Period

60.00

Payroll Deduction

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

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AF8D2EE73F1254A72874

Amount of Each Receipt this Period

60.00

Payroll Deduction

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

Mailing Address 438 Forrest Prk Cir

City Franklin	State TN	Zip Code 37064
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1634.99**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AAC0EAB94876444A9AA

Amount of Each Receipt this Period

109.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	229.00
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 44 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Samuel W Grossmann		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 438 Forrest Prk Cir		Transaction ID : ACDFBEA073AEF4861A9F
City Franklin	State TN	Zip Code 37064
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 109.00
Name of Employer Mednax Services, Inc.	Occupation Dir Government Relations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1743.99	

Full Name (Last, First, Middle Initial) B. Shawn Guffin MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 4017 Churchill Rd		Transaction ID : A6A590B4CA95F4A1B854
City Charlotte	State NC	Zip Code 28211
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Timothy E Gundlach MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 9008 Unbridle Lane		Transaction ID : A4714B72D77794B8F934
City Waxhaw	State NC	Zip Code 28173
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

SUBTOTAL of Receipts This Page (optional).....▶	234.00
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 130
	<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

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

Mailing Address 6317 Shinn Creek Lane

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
American Anesthesiology of the Southea Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
08 / 15 / 2013

Transaction ID : ACC157F2DF80840509ED

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 6317 Shinn Creek Lane

City State Zip Code
Wilmington NC 28409

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

Name of Employer Occupation
American Anesthesiology of the Southea Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
MM / DD / YYYY
08 / 30 / 2013

Transaction ID : AF3CF2A7ABABA4078897

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 200 Chimney Rock

City State Zip Code
Houston TX 77024

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
666.64

Date of Receipt
MM / DD / YYYY
08 / 30 / 2013

Transaction ID : AC67A3695039B4A67991

Amount of Each Receipt this Period
83.33

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **133.33**

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 46 OF 130
	<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. Joseph Harlan JRMD
Full Name (Last, First, Middle Initial)

Mailing Address 2700 Kathwood Court

City Florence	State SC	Zip Code 29501-1975
------------------	-------------	------------------------

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

Name of Employer Pediatrix Medical Group of South Carol	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A1A74042F35CE432A9D0

Amount of Each Receipt this Period
400.00

Payroll Deduction

B. John F Hatchett MD
Full Name (Last, First, Middle Initial)

Mailing Address 5904 Snow Hill Drive

City Summerfield	State NC	Zip Code 27358
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A60BCBC47699949CA998

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 1542 SE 13th Street

City Ft Lauderdale	State FL	Zip Code 33316
-----------------------	-------------	-------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Div COO
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3312.51

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AD1ADADFEA54C4D40BC9

Amount of Each Receipt this Period
229.17

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	679.17
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 130
<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. William Hawk		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 1542 SE 13th Street		Transaction ID : A77D080791C544C50A8F
City Ft Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 229.17	
Name of Employer American Anesthesiology, Inc.	Occupation Div COO	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3541.68	

Full Name (Last, First, Middle Initial) B. Cody Henderson MD		Date of Receipt MM / DD / YYYY 08 / 15 / 2013
Mailing Address 8 Ranch Terrace		Transaction ID : A37928F2117994481803
City Fair Oaks	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1983.35	

Full Name (Last, First, Middle Initial) C. Cody Henderson MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 8 Ranch Terrace		Transaction ID : AFA4640F2EF314D8A965
City Fair Oaks	State TX	Zip Code 78015
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2033.35	

SUBTOTAL of Receipts This Page (optional).....▶	329.17
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 130
	<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. Adam S Hodierne MD
Full Name (Last, First, Middle Initial)

Mailing Address 201 W Bessemer Avenue

City Greensboro State NC Zip Code 27401

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

Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013

Transaction ID : A538A281412184C93915

Amount of Each Receipt this Period
50.00

Payroll Deduction

B. Brent Holway MD
Full Name (Last, First, Middle Initial)

Mailing Address 5400 Stonestrow Court

City Charlotte State NC Zip Code 28226

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013

Transaction ID : A8229E035539541DFB12

Amount of Each Receipt this Period
50.00

Payroll Deduction

C. Jean M Houy
Full Name (Last, First, Middle Initial)

Mailing Address 7552 N Shores Dr

City Navarre State FL Zip Code 32566

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 ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : A484FD6C1612E45E991E

Amount of Each Receipt this Period
15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ► **115.00**

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

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

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

FOR LINE NUMBER: PAGE 49 OF 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jean M Houy
 Full Name (Last, First, Middle Initial)
 Mailing Address 7552 N Shores Dr
 City Navarre State FL Zip Code 32566
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Dir Adv Practioners
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : AE77CB53F7A1242FDBB2
 Amount of Each Receipt this Period
 15.00
 Payroll Deduction

B. Kirk A Howard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Windlea Run
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : ADE59CF29AA1F4A56B44
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

C. Kirk A Howard MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1019 Windlea Run
 City Wilmington State NC Zip Code 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A03F74094C7514F55944
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 65.00
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 50 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Dominick J Iaconetti MD		Date of Receipt
Mailing Address 386 Nichols Run Ct		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Great Falls	VA	22066-3047
FEC ID number of contributing federal political committee.		Transaction ID : A22FD3CCB9F31417098A
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
Name of Employer	Occupation	Payroll Deduction
American Anesthesiology of Virginia, P	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ayne K Iafolla MD		Date of Receipt
Mailing Address 14220 Cervantes Avenue		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Darnestown	MD	20874
FEC ID number of contributing federal political committee.		Transaction ID : AB9114CEB956F4B628B2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix of Maryland, P.A.	Corp Med Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Amy V Isenberg MD		Date of Receipt
Mailing Address 5506 Captains Lane		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.		Transaction ID : AE6BEAEF2731B4E5A99D
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="20.00"/>
Name of Employer	Occupation	Payroll Deduction
American Anesthesiology of the Southea	Anesthesiologist Assoc	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="220.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
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 51 OF 130
<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. Amy V Isenberg MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A6244E3B4D50B4323897
Mailing Address 5506 Captains Lane		Amount of Each Receipt this Period 20.00
City Wilmington	State NC	Zip Code 28409
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist Assoc	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

Full Name (Last, First, Middle Initial) B. Dennis M Jacobs DO		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A92820354FC6147AEA0A
Mailing Address 420 Hendon Row Way		Amount of Each Receipt this Period 100.00
City Fort Mill	State SC	Zip Code 29715
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) C. Angela Jarvie		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : A1B5088B69D51454B865
Mailing Address 5993 West Hoover Avenue		Amount of Each Receipt this Period 25.00
City Littleton	State CO	Zip Code 80123
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations10	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional).....▶	145.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 52 OF 130
	<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. Angela Jarvie
Full Name (Last, First, Middle Initial)

Mailing Address 5993 West Hoover Avenue

City Littleton	State CO	Zip Code 80123
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A9FB5BE1B766649799B7

Amount of Each Receipt this Period

25.00

Payroll Deduction

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

Mailing Address 19449 Peninsula Shores Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AFA5ACB53FCC64333986

Amount of Each Receipt this Period

75.00

Payroll Deduction

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

Mailing Address 3804 Woodcutter's Way

City Austin	State TX	Zip Code 78746-1543
----------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A4E9985F307654F54828

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 53 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Martin B Jenkins MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 9130 Anderton Springs Crescent		Transaction ID : A34C48AF9991B4B399CB
City Memphis	State TN	Zip Code 38133-0900
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 90.00	
Name of Employer Pediatrix Medical Group of Tennessee,	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 ▼ 400.00	

Full Name (Last, First, Middle Initial) B. Peggy L Jenkins		Date of Receipt MM / DD / YYYY 08 / 15 / 2013
Mailing Address 9432 Green Terrace Drive		Transaction ID : AA4F98FECF0404BA2902
City Dallas	State TX	Zip Code 75220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Hr Generalist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Peggy L Jenkins		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 9432 Green Terrace Drive		Transaction ID : AAE7B3A064C4D4AA3AAF
City Dallas	State TX	Zip Code 75220
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 20.00	
Name of Employer Pediatrix Medical Group, Inc.	Occupation Hr Generalist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional).....▶	90.00
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 130
	<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. Shannon L Jenkins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 N 1590 W
 City Pleasant Grove State UT Zip Code 84062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **750.00**

Date of Receipt **08 / 15 / 2013**
Transaction ID : A252D09AA0F27495FA02
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

B. Shannon L Jenkins DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 3511 N 1590 W
 City Pleasant Grove State UT Zip Code 84062
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mountain States Neonatology, Inc. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A6A58DAEDACEA4CF3829
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

C. David C Joslin MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 328 E Greenway Drive N
 City Greensboro State NC Zip Code 27403
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Southeast Anesthesiology Consultants, Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : AF9B1DD00F60540EC8BB
 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 55 OF 130
	<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. Debra F Kaspar
Full Name (Last, First, Middle Initial)

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer American Anesthesiology, Inc. Occupation Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1904.40

Date of Receipt 08 / 15 / 2013
Transaction ID : A5659FF014114477398B

Amount of Each Receipt this Period 126.96

Payroll Deduction

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

Mailing Address 11224 Handlebar Rd

City Reston State VA Zip Code 20191

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

Name of Employer American Anesthesiology, Inc. Occupation Director of Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2031.36

Date of Receipt 08 / 30 / 2013
Transaction ID : ADEA1EB48881A4CFCAED

Amount of Each Receipt this Period 126.96

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 ▼ 3000.00

Date of Receipt 08 / 15 / 2013
Transaction ID : AA1500E29B7224693B14

Amount of Each Receipt this Period 200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 453.92

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 130
	<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. 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 Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3200.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A19905F6439EF46E0B17
 Amount of Each Receipt this Period
 200.00
 Payroll Deduction

B. Elizabeth Krueger MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2420 Valley Brook Road
 City Nashville State TN Zip Code 37215
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Tennessee, Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 800.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A39BB986949EA43E499C
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

C. 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 Occupation
 Pediatrix Medical Group, Inc. RVP
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3124.95

Date of Receipt
 08 / 15 / 2013
Transaction ID : AE9A8CD62D9414403A84
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	508.33
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 57 OF 130
	<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 ▼ **3333.28**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : AD38877154F734B8D8B2

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 ▼ **675.00**

Date of Receipt: **08 / 15 / 2013**
Transaction ID : A16E1C2D0C6D447B4A6C

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 ▼ **720.00**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : A0A5641740298480E8FE

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 58 OF 130
	<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 J Lang MD
Full Name (Last, First, Middle Initial)

Mailing Address 10422 E Windrose Drive

City	State	Zip Code
Scottsdale	AZ	85259-2422

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

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

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
08	/	30	/	2013

Transaction ID : A41C9BF9A43F04408A71

Amount of Each Receipt this Period

100.00

Payroll Deduction

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

Mailing Address 2555 E Plateau Drive

City	State	Zip Code
Boise	ID	83712

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

Name of Employer	Occupation
Mountain States Neonatology, Inc.	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **937.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AFFFDC65716824F09828

Amount of Each Receipt this Period

62.50

Payroll Deduction

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

Mailing Address 2555 E Plateau Drive

City	State	Zip Code
Boise	ID	83712

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

Name of Employer	Occupation
Mountain States Neonatology, Inc.	Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : ACDC3FF681617493F935

Amount of Each Receipt this Period

62.50

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 130
	<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. Barry M Lawson MD		Date of Receipt
Mailing Address 5497 170 Place SE		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bellevue	WA	98006
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0E6B0AC7DE4E4C1D9C1
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Washington,	Neonatologist	<input type="text" value="80.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="640.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Vicki Leamy		Date of Receipt
Mailing Address 2523 Sheep Creek Rd		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bedford	VA	24523
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A26726CD32348480C905
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Adv Practionr Reg Mgr COS	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Vicki Leamy		Date of Receipt
Mailing Address 2523 Sheep Creek Rd		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Bedford	VA	24523
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1D0ED080363E4C978D5
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Adv Practionr Reg Mgr COS	<input type="text" value="30.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="140.00"/>
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 60 OF 130
	<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. Jonathan J Lee MD
Full Name (Last, First, Middle Initial)

Mailing Address 1806 Intervail Dr

City Austin State TX Zip Code 78746

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : AF605751B9297406BA00

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 1000 1st Avenue 1900

City Seattle State WA Zip Code 98104

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : ACDCC20B383814F6CB66

Amount of Each Receipt this Period **200.00**

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : AACB11CA72A9B474AB22

Amount of Each Receipt this Period **100.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 61 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : A68E78FA29EE64415AC2

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

Payroll Deduction

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

Mailing Address 201 NE 4th Street

City Boca Raton State FL Zip Code 33432

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **3200.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : AF65A521A6D7742E28EA

Amount of Each Receipt this Period: **400.00**

Payroll Deduction

C. William F Liu MD
Full Name (Last, First, Middle Initial)

Mailing Address 9009 Ligon Court

City Fort Myers State FL Zip Code 33908

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: 08 / 30 / 2013
Transaction ID : AF28FB31D39034298B35

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 62 OF 130
	<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. Charles Long MD

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

City Charlotte State NC Zip Code 28202

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
08 / 30 / 2013
Transaction ID : AE0C9C431C8034F759D1

Amount of Each Receipt this Period
75.00

Payroll Deduction

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

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 Pediatrix Medical Group of Tennessee, Occupation Corp Med Director NICU

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
08 / 30 / 2013
Transaction ID : ACFF0406A3460479D9CC

Amount of Each Receipt this Period
333.31

Payroll Deduction

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

Mailing Address 6415 Hawksbill Dr

City Wilmington State NC Zip Code 28409

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
08 / 15 / 2013
Transaction ID : A62A3D4F66C144A38B9C

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 433.31

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

A. Robert E Lubanski MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6415 Hawksbill Dr
 City State Zip Code
 Wilmington NC 28409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of the Southea Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : AA5F4EA7872B542C5900
 Amount of Each Receipt this Period
 25.00
 Payroll Deduction

B. Steven A Lussos MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12701 Megill's Landing Lane
 City State Zip Code
 Clifton VA 20124
 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
 08 / 30 / 2013
Transaction ID : AF65AC65CF13440A8BC9
 Amount of Each Receipt this Period
 50.00
 Payroll Deduction

C. Andrew G Lutz MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1826 French Drive
 City State Zip Code
 Raleigh NC 27612
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 American Anesthesiology of North Carol Anesthesiologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2013
Transaction ID : ACB4FA2D9F7D34AF6809
 Amount of Each Receipt this Period
 400.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 64 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Gerald Maccioli MD		Date of Receipt
Mailing Address 3903 Laurel Manor Ct		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27612
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A5524A15C00B843F8890
American Anesthesiology of North Carol	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="800.00"/>	<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Robert Manning		Date of Receipt
Mailing Address 430 NE 8th Avenue		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ft Lauderdale	FL	33301
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : A134CC8C98D25448A835
Mednax Services, Inc.	VP Business Development	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="585.00"/>	<input type="text" value="45.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) c. Robert Manning		Date of Receipt
Mailing Address 430 NE 8th Avenue		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Ft Lauderdale	FL	33301
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AC33E03F8045243FCB37
Mednax Services, Inc.	VP Business Development	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="630.00"/>	<input type="text" value="45.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="190.00"/>
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: PAGE 65 OF 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Bruce Manno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1257 Ginger Circle
 City Weston State FL Zip Code 33326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1850.10

Date of Receipt 08 / 15 / 2013
Transaction ID : A429F37ED9F6C4BF0B3B
 Amount of Each Receipt this Period 123.34
 Payroll Deduction

B. Bruce Manno
 Full Name (Last, First, Middle Initial)
 Mailing Address 1257 Ginger Circle
 City Weston State FL Zip Code 33326
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Mednax Services, Inc. Occupation Dir Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1973.44

Date of Receipt 08 / 30 / 2013
Transaction ID : AE373D2068FC2488D88F
 Amount of Each Receipt this Period 123.34
 Payroll Deduction

C. 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 ▼ 2601.70

Date of Receipt 08 / 15 / 2013
Transaction ID : A3CB8938DA07446FEB53
 Amount of Each Receipt this Period 181.25
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 427.93
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 66 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jay Martin
Full Name (Last, First, Middle Initial)

Mailing Address 2715 Bembridge Drive

City Raleigh State NC Zip Code 27613

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2782.95

Date of Receipt 08 / 30 / 2013
Transaction ID : A636B108CAB51413F86E

Amount of Each Receipt this Period 181.25

Payroll Deduction

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

Mailing Address 333 Las Olas Way Apt 3005

City Ft Lauderdale State FL Zip Code 33301

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

Name of Employer American Anesthesiology, Inc. Occupation Regional President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 3333.36

Date of Receipt 08 / 30 / 2013
Transaction ID : A2D9124AA3AD74AECA71

Amount of Each Receipt this Period 416.67

Payroll Deduction

C. 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 ▼ 3333.36

Date of Receipt 08 / 30 / 2013
Transaction ID : A2F23AC555A4441779B1

Amount of Each Receipt this Period 416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1014.59

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 130
	<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. 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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A5D8AD0AC7EC3456C816

Amount of Each Receipt this Period

100.00

Payroll Deduction

B. William McCrea MD
Full Name (Last, First, Middle Initial)
Mailing Address 6601 Cove Point Drive

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

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 ▼ **265.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : ACA995F7891584575937

Amount of Each Receipt this Period

15.00

Payroll Deduction

C. William McCrea MD
Full Name (Last, First, Middle Initial)
Mailing Address 6601 Cove Point Drive

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

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 ▼ **280.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A68705FE2F5BE42D8BBE

Amount of Each Receipt this Period

15.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 68 OF 130
	<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. Harlan McCulloch MD
Full Name (Last, First, Middle Initial)

Mailing Address 7528 Waterview Drive

City Cornelius State NC Zip Code 28031

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

Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : AA597385828CA493DA39

Amount of Each Receipt this Period **75.00**

Payroll Deduction

B. 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 Pediatrix Medical Group, Inc. Occupation Regional Operations Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : ADB9EBEE52FDA49228E5

Amount of Each Receipt this Period **40.00**

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 Pediatrix Medical Group, Inc. Occupation Regional Operations Spec

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **640.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : A3C04FB888A4E4105B95

Amount of Each Receipt this Period **40.00**

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Bahman Mehdizadeh MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 25470 Prado De Las Bellotas		Transaction ID : AE2BABB09830A4141AB6
City Calabasas	State CA	Zip Code 91302
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Pediatrix Medical Group of California,	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. Stacey L Meredith		Date of Receipt MM / DD / YYYY 08 / 15 / 2013
Mailing Address 5200 Rowlett Creek Way		Transaction ID : A757B94D6E8B341B3A60
City Mckinney	State TX	Zip Code 75070
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Patient Accts	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Stacey L Meredith		Date of Receipt MM / DD / YYYY 08 / 30 / 2013
Mailing Address 5200 Rowlett Creek Way		Transaction ID : A8F2FB1FBCF764828B3D
City Mckinney	State TX	Zip Code 75070
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 25.00
Name of Employer Pediatrix Medical Group, Inc.	Occupation Reg Dir Patient Accts	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 70 OF 130
<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. Hugh Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 7417 N Secret Canyon Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : ACA253542261F4D47A51

Amount of Each Receipt this Period

150.00

Payroll Deduction

B. Khawar Mohsini MD
Full Name (Last, First, Middle Initial)

Mailing Address 1635 Linden Place

City Saginaw	State MI	Zip Code 48638
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1600.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AD0F96DED470841ABA85

Amount of Each Receipt this Period

200.00

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 Pediatrix Medical Group, Inc.	Occupation Director of Operations
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1425.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A4F6E2ABD0DB440F1BA3

Amount of Each Receipt this Period

95.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	445.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 130
	<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. Melissa Montague		Date of Receipt
Mailing Address 6525 Monument Avenue		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Richmond	VA	23226
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A5C3D6F7049F64E579F8
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="95.00"/>
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="1520.00"/>	

Full Name (Last, First, Middle Initial) B. Daniel Murphy MD		Date of Receipt
Mailing Address 435 S Tryon Street Apt 904 Unit 904		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Charlotte	NC	28202
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A75229D78AA734DFF847
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	

Full Name (Last, First, Middle Initial) C. Christopher P Murray MD		Date of Receipt
Mailing Address 11566 Snow Creek Ave		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Vegas	NV	89135
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A26F8F404897A41BDB1B
Name of Employer	Occupation	Amount of Each Receipt this Period
Pokroy Medical Group of Nevada, Ltd.	Pediatric Hospitalist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="375.00"/>	

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 72 OF 130
Use separate schedule(s) for each category of the Detailed Summary Page
FOR LINE NUMBER: PAGE 72 OF 130
(check only one)
11a 11b 11c 12
13 14 15 16 17

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

A. Christopher P Murray MD
Full Name (Last, First, Middle Initial)
Mailing Address 11566 Snow Creek Ave
City Las Vegas State NV Zip Code 89135
FEC ID number of contributing federal political committee. C
Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Pediatric Hospitalist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 400.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AFEB8FB604EC84377844
Amount of Each Receipt this Period 25.00
Payroll Deduction

B. Ronald A Naglie MD
Full Name (Last, First, Middle Initial)
Mailing Address 25135 Stageline Dr
City Laguna Hills State CA Zip Code 92653
FEC ID number of contributing federal political committee. C
Name of Employer Pediatrix Medical Group of California, Occupation Medical Director NICU
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 1200.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AC15531AD0DFF4B4FA1D
Amount of Each Receipt this Period 150.00
Payroll Deduction

C. Vijay Nama MD
Full Name (Last, First, Middle Initial)
Mailing Address 3101 Kennison Court
City Plano State TX Zip Code 75093
FEC ID number of contributing federal political committee. C
Name of Employer Pediatrix Medical Services, Inc. Occupation Corp Med Director NICU
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date 3328.00

Date of Receipt 08 / 30 / 2013
Transaction ID : AB136C4DB4C2F4849989
Amount of Each Receipt this Period 416.00
Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 73 OF 130
	<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. Nathaniel P Nonoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 317 S 2nd Street
 City Wilmington State NC Zip Code 28401
 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 **200.64**

Date of Receipt **08 / 30 / 2013**
Transaction ID : AD0E47F7B360D487287A
 Amount of Each Receipt this Period **16.72**
 Payroll Deduction

B. 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 Pediatrix Medical Group, Inc. Occupation Dir of Coding
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **750.00**

Date of Receipt **08 / 15 / 2013**
Transaction ID : AD4152858F929459F880
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

C. 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 Pediatrix Medical Group, Inc. Occupation Dir of Coding
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : AB6EE01EB12744A4A8DF
 Amount of Each Receipt this Period **50.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	116.72
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Chien Oh MD		Date of Receipt
Mailing Address 10997 E Raintree Drive		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Scottsdale	AZ	85255
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A7ABE254F99B74D62A78
Name of Employer	Occupation	Amount of Each Receipt this Period
Obstetrix Medical Group of Phoenix, P.	Medical Director PERI	<input type="text" value="125.00"/>
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="1000.00"/>	

Full Name (Last, First, Middle Initial) B. Olufemi O Okanlami MD		Date of Receipt
Mailing Address 51310 Shamrock Hills Dr		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Granger	IN	46530
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A281B6199C1684775B73
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of Indiana, P.	Neonatologist	<input type="text" value="250.00"/>
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="2000.00"/>	

Full Name (Last, First, Middle Initial) C. Alan B Oliver		Date of Receipt
Mailing Address 130 Orion Circle		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jupiter	FL	33477
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4F231C986C784DDFAFE
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Regional President	<input type="text" value="250.00"/>
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="2000.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="625.00"/>
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:	PAGE 75 OF 130
	(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. Carey D Osborne
Full Name (Last, First, Middle Initial)

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : ADC5CB7411AAA4393A6F

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Carey D Osborne
Full Name (Last, First, Middle Initial)

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **960.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013

Transaction ID : A5AD9764A4BE44C40B9A

Amount of Each Receipt this Period
60.00

Payroll Deduction

C. 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 ▼ **1200.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
08 / 30 / 2013

Transaction ID : A8690FFC6C193471993F

Amount of Each Receipt this Period
150.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **270.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 130
<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. Brian J Palank JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1100 Metropolitan Ave
 Unit 403
 City Charlotte State NC Zip Code 28204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist Assoc
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : A5C0DC60298EE400C911
 Amount of Each Receipt this Period **75.00**
 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 **800.00**

Date of Receipt **08 / 30 / 2013**
Transaction ID : ABA95BB851FA4473B84C
 Amount of Each Receipt this Period **100.00**
 Payroll Deduction

C. Jeanne P Parke
 Full Name (Last, First, Middle Initial)
 Mailing Address 7193 Lake Island Dr
 City Lake Worth State FL Zip Code 33467
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pediatrix Medical Group, Inc. Occupation Dir Clinical Systems
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **525.00**

Date of Receipt **08 / 15 / 2013**
Transaction ID : A2D024CEA9DCE4F44A7A
 Amount of Each Receipt this Period **25.00**
 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 77 OF 130
	<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. Jeanne P Parke		Date of Receipt
Mailing Address 7193 Lake Island Dr		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lake Worth	FL	33467
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Dir Clinical Systems	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : A6AEDA09C69C94969B92
		Amount of Each Receipt this Period
		<input type="text" value="25.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Michelle M Pastorello MD		Date of Receipt
Mailing Address 7333 Rietz Canyon Way		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Vegas	NV	89131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pokroy Medical Group of Nevada, Ltd.	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="225.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : AEB5C81AD98E64BE594B
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Michelle M Pastorello MD		Date of Receipt
Mailing Address 7333 Rietz Canyon Way		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Las Vegas	NV	89131
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pokroy Medical Group of Nevada, Ltd.	Medical Director	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		
		Transaction ID : A0F0FCCB0DBAF4F42B91
		Amount of Each Receipt this Period
		<input type="text" value="15.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="55.00"/>
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 78 OF 130
	<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. Jason E Pate

Mailing Address 3001 President George Bush Tpk
Suite 250

City Richardson State TX Zip Code 75082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt: **08 / 15 / 2013**

Transaction ID : **A77D4B361B6814BACBE8**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

Mailing Address 3001 President George Bush Tpk
Suite 250

City Richardson State TX Zip Code 75082

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : **A54A857FA79004AD7B72**

Amount of Each Receipt this Period: **25.00**

Payroll Deduction

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

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 ▼ **3124.95**

Date of Receipt: **08 / 15 / 2013**

Transaction ID : **AA8DD6B64AEA84E66990**

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **258.33**

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 79 OF 130
	<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. Darren Patz		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A06BF4D4B1D58497AA0B
Mailing Address 253 NE 99th Street		Amount of Each Receipt this Period 208.33
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3333.28	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Joshua Peck		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : A5B91260236FF45968AD
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 50.00
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Dir Bus Dev Internal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 625.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Joshua Peck		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A05160DEBCF524CF793B
Mailing Address 313 NE 2nd St 904		Amount of Each Receipt this Period 50.00
City Ft Lauderdale	State FL	Zip Code 33301
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Dir Bus Dev Internal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 675.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	308.33
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 80 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. John Pepia		Date of Receipt 08 / 30 / 2013 Transaction ID : A06ABD16C89004A57B1A
Mailing Address 20160 Ocean Key Dr		Amount of Each Receipt this Period 400.00
City Boca Raton	State FL	Zip Code 33498
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Accounting & Finance
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3200.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Manuel Peregrino MD		Date of Receipt 08 / 30 / 2013 Transaction ID : A61FA58182B514E729FA
Mailing Address 23 Westwind Drive		Amount of Each Receipt this Period 100.00
City Lemoyne	State PA	Zip Code 17043
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, P.C.	Occupation Medical Director NICU
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) C. Maria R Pierce MD		Date of Receipt 08 / 15 / 2013 Transaction ID : A475CE7FD77D24B38A66
Mailing Address 33 W Elm Circle		Amount of Each Receipt this Period 208.33
City San Antonio	State TX	Zip Code 78230
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1874.97	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	708.33
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 81 OF 130
	<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. 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 Pediatrix Medical Services, Inc.	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2083.30

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A2C399A8721CD46E0984

Amount of Each Receipt this Period
208.33

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 Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2410.17

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A90AF537ED86341EAAA4

Amount of Each Receipt this Period
178.53

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 Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2588.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AE2023407E4104064BB8

Amount of Each Receipt this Period
178.53

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	565.39
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 82 OF 130
	<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. 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 ▼ **750.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AE32B6A2853DB4BC48C5

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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AFEE254C27181477FBD6

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 ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A07AD24618D754681846

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 83 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. George Powers MD		Date of Receipt
Mailing Address 1231 Vista Del Rio		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
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="1600.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Mark P Preziosi MD		Date of Receipt
Mailing Address 3144 Legends Circle		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lakeland	FL	33803
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Florida, In	Corp Med Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Jeanne Proia		Date of Receipt
Mailing Address 4441 NE 30th Terr		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lighthouse Pt	FL	33064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	Dir Bus Dev Internal	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="50.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
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 84 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Full Name (Last, First, Middle Initial) A. Jeanne Proia		Date of Receipt
Mailing Address 4441 NE 30th Terr		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Lighthouse Pt	FL	33064
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A64F9294132AD4433AC4
Name of Employer	Occupation	Amount of Each Receipt this Period
Mednax Services, Inc.	Dir Bus Dev Internal	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="550.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Jamie A Ramsay MD		Date of Receipt
Mailing Address 6105 Blenheim Place		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A8EE1BEDCCF6247538A8
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="375.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jamie A Ramsay MD		Date of Receipt
Mailing Address 6105 Blenheim Place		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Wilmington	NC	28409
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A71C2C1447BB04470A01
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist	<input type="text" value="25.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="100.00"/>
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 85 OF 130
	<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. Patricia Ramsay MD		Date of Receipt
Mailing Address 2581 Luberon Drive		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Henderson	NV	89044
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AAE28B7E09F1C415B9EF
Pokroy Medical Group of Nevada, Ltd.	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Patricia Ramsay MD		Date of Receipt
Mailing Address 2581 Luberon Drive		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Henderson	NV	89044
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AB2897254E90F4C72AE9
Pokroy Medical Group of Nevada, Ltd.	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Evelyn Rider MD		Date of Receipt
Mailing Address 6 Meadowlark Ridge Rd		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Great Falls	MT	59405
FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer	Occupation	Transaction ID : AB1A4F81D5AE247EE868
Alaska Neonatology Associates, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="750.00"/>	<input type="text" value="50.00"/>
<input type="checkbox"/> Other (specify) ▼		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
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 86 OF 130
<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. 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 ▼ **800.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A6309F838B8BD42C0B57

Amount of Each Receipt this Period

50.00

Payroll Deduction

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

Mailing Address 708 Marlowe Road

City Raleigh	State NC	Zip Code 27609
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A457841AFD4E246F3AD8

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Louis A Romagnoli
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth	State FL	Zip Code 33467
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **900.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A66D823FD58B34B1CB25

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 87 OF 130
	<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. Louis A Romagnoli
Full Name (Last, First, Middle Initial)

Mailing Address 7730 Hanahan Place

City Lake Worth State FL Zip Code 33467

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

Name of Employer Mednax Services, Inc. Occupation Dir Benefits

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : AB215C9877E1D4B9189E

Amount of Each Receipt this Period **50.00**

Payroll Deduction

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

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076

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

Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt **08 / 15 / 2013**

Transaction ID : AC5AA98D7F4A74DC7904

Amount of Each Receipt this Period **30.00**

Payroll Deduction

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

Mailing Address 7366 NW 108th Way

City Parkland State FL Zip Code 33076

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

Name of Employer Mednax Services, Inc. Occupation Dir Training & Dev't

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **08 / 30 / 2013**

Transaction ID : ACB796969CE844C04882

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 88 OF 130
	<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. Kasandra Rossi		Date of Receipt 08 / 15 / 2013 Transaction ID : A2503C6B2B4C14C25AA0
Mailing Address 7603 NW 113th Avenue		Amount of Each Receipt this Period 25.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) B. Kasandra Rossi		Date of Receipt 08 / 30 / 2013 Transaction ID : A74D63D9A1F9745CC872
Mailing Address 7603 NW 113th Avenue		Amount of Each Receipt this Period 25.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax Services, Inc.	Occupation Dir Financial Reporting	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) c. Linda Sacks MD		Date of Receipt 08 / 15 / 2013 Transaction ID : A46454716CBBB495BB14
Mailing Address 406 Wheeler Street		Amount of Each Receipt this Period 100.00
City Savannah	State GA	Zip Code 31405
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Magella Medical Associates of Georgia,	Occupation Medical Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	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 89 OF 130		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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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 ▼ 1600.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A38AA1191871C4215A0A
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

B. David Salama MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16741 100 Norman Place
 City Cornelius State NC Zip Code 28031
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of the Southea Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A674F48D2F4C243B184E
 Amount of Each Receipt this Period 75.00
 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 ▼ 1306.04

Date of Receipt 08 / 15 / 2013
Transaction ID : A417D8CC569714776A4A
 Amount of Each Receipt this Period 87.07
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	262.07
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 90 OF 130
(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 ▼ **1393.11**

Date of Receipt
08 / 30 / 2013
Transaction ID : A2B345F25A05D4292BDE

Amount of Each Receipt this Period
87.07

Payroll Deduction

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

Mailing Address 161 Falling Creek Court

City Clayton State NC Zip Code 27520

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

Name of Employer Critical Health Systems, Inc. Occupation Reg Mgr Patient Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt
08 / 15 / 2013
Transaction ID : A22AA39D99838443CB20

Amount of Each Receipt this Period
25.00

Payroll Deduction

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

Mailing Address 161 Falling Creek Court

City Clayton State NC Zip Code 27520

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

Name of Employer Critical Health Systems, Inc. Occupation Reg Mgr Patient Accts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt
08 / 30 / 2013
Transaction ID : A24C1FD444362444483B

Amount of Each Receipt this Period
25.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **137.07**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 91 OF 130
	<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. Tami Sands
Full Name (Last, First, Middle Initial)

Mailing Address 1650 S Banana River Drive

City	State	Zip Code
Merritt Island	FL	32952

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **312.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AA40AD7D6267441C3A92

Amount of Each Receipt this Period

20.80

Payroll Deduction

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

Mailing Address 1650 S Banana River Drive

City	State	Zip Code
Merritt Island	FL	32952

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **332.80**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A560CF2B4E95147DB96E

Amount of Each Receipt this Period

20.80

Payroll Deduction

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

Mailing Address 3663 Whipoorwill Blvd

City	State	Zip Code
Punta Gorda	FL	33950

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1437.50**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AE216074B32574E36810

Amount of Each Receipt this Period

62.50

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	104.10
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 92 OF 130
<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. Debra Sansoucie		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A4CD4C7F963F8406FA52
Mailing Address 3663 Whippoorwill Blvd		Amount of Each Receipt this Period 62.50
City Punta Gorda	State FL	Zip Code 33950
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation VP AdvPr Program
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Ray Y Sato MD		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A4F7EF40B26F249B1BBD
Mailing Address 2000 Alaskan Way 349		Amount of Each Receipt this Period 50.00
City Seattle	State WA	Zip Code 98121
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group of Washington,	Occupation Medical 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		

Full Name (Last, First, Middle Initial) C. Steven Schmidt		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : A5E5C18F83CDF48D79B2
Mailing Address 6936 West Wedgewood Avenue		Amount of Each Receipt this Period 20.00
City Davie	State FL	Zip Code 33331
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Dir Applications
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	132.50
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 93 OF 130
<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. Steven Schmidt
Full Name (Last, First, Middle Initial)

Mailing Address 6936 West Wedgewood Avenue

City Davie	State FL	Zip Code 33331
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **320.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2013

Transaction ID : AA72951CA505B41CFB00

Amount of Each Receipt this Period

100.00	100.00	120.00
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20.00

Payroll Deduction

B. Jonathan Schwartz MD
Full Name (Last, First, Middle Initial)

Mailing Address 3740 Saltmeadow Court South

City Jacksonville	State FL	Zip Code 32224
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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 ▼ **480.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2013

Transaction ID : A9F95BAF99EF144509AB

Amount of Each Receipt this Period

100.00	100.00	180.00
--------	--------	--------

60.00

Payroll Deduction

C. Lalit K Shah MD
Full Name (Last, First, Middle Initial)

Mailing Address 2840 NE 36 St

City Ft Lauderdale	State FL	Zip Code 33308
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
08		30		2013

Transaction ID : ACB0A3ED9BD204D70B3D

Amount of Each Receipt this Period

100.00	100.00	50.00
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50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	130.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 94 OF 130
	<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. Cecil G Sharp MD
Full Name (Last, First, Middle Initial)
Mailing Address 576 Medinah Drive

City Augusta	State GA	Zip Code 30907
-----------------	-------------	-------------------

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

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

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
08	/	30	/	2013

Transaction ID : AB6311C5F29A044E7874

Amount of Each Receipt this Period

45.00

Payroll Deduction

B. Richard A Sidebottom MD
Full Name (Last, First, Middle Initial)
Mailing Address 1305 Byron Nelson Pkwy

City Southlake	State TX	Zip Code 76092
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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

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AB46106B53F014E90938

Amount of Each Receipt this Period

100.00

Payroll Deduction

C. James D Singer MD
Full Name (Last, First, Middle Initial)
Mailing Address 17 Captain's Point

City Greensboro	State NC	Zip Code 27455
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AE3B64CCEAEF9425F8A3

Amount of Each Receipt this Period

50.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	195.00
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 95 OF 130
	<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. 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: Pediatrix Medical Services, Inc. Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : **A8BDAA86C6CCC4AE4AA**

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

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City Boca Raton State FL Zip Code 33487

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **926.55**

Date of Receipt: **08 / 15 / 2013**

Transaction ID : **A4705C8931BB0459684D**

Amount of Each Receipt this Period: **61.77**

Payroll Deduction

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

Mailing Address 4871 Acorn Street

City Boca Raton State FL Zip Code 33487

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **988.32**

Date of Receipt: **08 / 30 / 2013**

Transaction ID : **AE7314541E99645BA8DC**

Amount of Each Receipt this Period: **61.77**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **223.54**

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 96 OF 130
<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. Laurie A Sosa
Full Name (Last, First, Middle Initial)

Mailing Address 2106 NW 166th Avenue

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir Corp Patient Accounts
---	---

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
08	/	15	/	2013

Transaction ID : A24ED6E4530404CE5960

Amount of Each Receipt this Period

10.00

Payroll Deduction

B. Laurie A Sosa
Full Name (Last, First, Middle Initial)

Mailing Address 2106 NW 166th Avenue

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir Corp Patient Accounts
---	---

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
08	/	30	/	2013

Transaction ID : ABDD748F9546843998F0

Amount of Each Receipt this Period

10.00

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : ADC37AA17BF4D4BD4B50

Amount of Each Receipt this Period

30.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	50.00
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 97 OF 130
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Craig Steiner MD
Full Name (Last, First, Middle Initial)

Mailing Address 4709 Camargo Court

City College Station	State TX	Zip Code 77845-4405
-------------------------	-------------	------------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A98B57DFA86084C19929

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

Mailing Address 275 NE Olive Way

City Boca Raton	State FL	Zip Code 33432
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FEC ID number of contributing federal political committee. **C**

Name of Employer Mednax Services, Inc.	Occupation VP Technical Svcs
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AF4251E44EC504736A2B

Amount of Each Receipt this Period
150.00

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 Technical Svcs
---	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AC3598FA6BFB34678A7A

Amount of Each Receipt this Period
150.00

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 98 OF 130
<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. Julia L Stones		Date of Receipt
Mailing Address 6541 Ne 20 Terrace		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Ft Lauderdale FL 33308		Transaction ID : A21511B07B2874C88BB9
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer Mednax Services, Inc.	Occupation Dir Marketing	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="1275.00"/>	

Full Name (Last, First, Middle Initial) B. Julia L Stones		Date of Receipt
Mailing Address 6541 Ne 20 Terrace		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code Ft Lauderdale FL 33308		Transaction ID : AA594849432E147BBABD
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="85.00"/>
Name of Employer Mednax Services, Inc.	Occupation Dir Marketing	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="1360.00"/>	

Full Name (Last, First, Middle Initial) C. Barry Stowe MD		Date of Receipt
Mailing Address 2021 Coniston Place		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City State Zip Code Charlotte NC 28207		Transaction ID : AD863D760872E4953908
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="50.00"/>
Name of Employer American Anesthesiology of the Southea	Occupation Anesthesiologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="220.00"/>
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 99 OF 130
<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. 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 ▼ **1120.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A4057F4259EF74773BFB

Amount of Each Receipt this Period

140.00

Payroll Deduction

B. Kassell Sykes MD
Full Name (Last, First, Middle Initial)

Mailing Address 6705 Greywalls Lane

City Raleigh	State NC	Zip Code 27614
-----------------	-------------	-------------------

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

Name of Employer American Anesthesiology of North Carol	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
08	/	30	/	2013

Transaction ID : A0BA2D4207D2F47CEA0B

Amount of Each Receipt this Period

50.00

Payroll Deduction

C. Bannie Lee Tabor MD
Full Name (Last, First, Middle Initial)

Mailing Address 5020 Still Meadow Drive

City Ft Worth	State TX	Zip Code 76132
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director PERI
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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
08	/	30	/	2013

Transaction ID : A92BB592080BA458DB55

Amount of Each Receipt this Period

200.00

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 100 OF 130
	<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. B Keith Taylor MD
Full Name (Last, First, Middle Initial)

Mailing Address 108 Linden Avenue

City Lynchburg State VA Zip Code 24503

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt
08 / 30 / 2013
Transaction ID : A26A33FBE71B3493EAAF

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 1630 Funny Cide Dr

City Waxhaw State NC Zip Code 28173

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
08 / 30 / 2013
Transaction ID : A7DB10A7D8DA84DCA8FD

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

Mailing Address 2121 NW 76th Terrace

City Margate State FL Zip Code 33063

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. VP Clinical Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
08 / 30 / 2013
Transaction ID : A8D7F13A9E5424E4AA4C

Amount of Each Receipt this Period
50.00

Payroll Deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 101 OF 130
	<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 7643 NW 122nd Drive

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

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

Name of Employer American Anesthesiology, Inc.	Occupation VP Business Development
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2490.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AD9FA0B5B52D0454394F

Amount of Each Receipt this Period
166.00

Payroll Deduction

B. Harris Thompson
Full Name (Last, First, Middle Initial)
Mailing Address 7643 NW 122nd Drive

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

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

Name of Employer American Anesthesiology, Inc.	Occupation VP Business Development
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2656.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A08709045B9E34FF9807

Amount of Each Receipt this Period
166.00

Payroll Deduction

C. Robin Thornton MD
Full Name (Last, First, Middle Initial)
Mailing Address 9 Huntington Drive

City Burlington	State NJ	Zip Code 08016
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.03

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A3963609CE9754330B38

Amount of Each Receipt this Period
41.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	373.67
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 102 OF 130
	<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 Tisdell MD
Full Name (Last, First, Middle Initial)

Mailing Address 1420 Crownhill DR

City Arlington State TX Zip Code 76012

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1818.16**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : A0A75A090143A4CD88DD

Amount of Each Receipt this Period: **227.27**

Payroll Deduction

B. 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 ▼ **1600.00**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : A25A1FA9A9CD44F459EB

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

Payroll Deduction

C. 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 ▼ **1000.00**

Date of Receipt: **08 / 30 / 2013**
Transaction ID : A9C9FCFD5567F4C51817

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	552.27
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 103 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Robert M Treadway MD		Date of Receipt
Mailing Address 3100 Briar Stream Run		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Raleigh	NC	27612
FEC ID number of contributing federal political committee.		Transaction ID : A7FC8D6FD4B0348BFA6D
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction
American Anesthesiology of North Carol	Anesthesiologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="800.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Wendy Troyer MD		Date of Receipt
Mailing Address 1274 Redfield Ridge		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Atlanta	GA	30338
FEC ID number of contributing federal political committee.		Transaction ID : A4911701DB3F44EF9BB7
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
Name of Employer	Occupation	Payroll Deduction
Neonatology Associates of Atlanta, P.C	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1600.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Gary A Twiggs MD		Date of Receipt
Mailing Address 24761 Judi Court Ste 4000		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Laguna Niguel	CA	92677
FEC ID number of contributing federal political committee.		Transaction ID : AA9679BC7A22E48E1B00
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="416.67"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group, Inc.	Regional President	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="3333.36"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="716.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 104 OF 130
	<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. Julio Vallette MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 400 Normandy Dr
 City Indialantic State FL Zip Code 32903
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 3000.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A29F7649C50CD4A9F8AF
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

B. Steven Van Scoy MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5355 Candelabra Plce
 City San Luis Obispo State CA Zip Code 93401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of California, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 320.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A707886CEFD4F4417BF2
 Amount of Each Receipt this Period
 40.00
 Payroll Deduction

C. Alfonso Vargas MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 410 Starfire Causeway
 City Oldsmar State FL Zip Code 34677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A8F9C1E82160B430F938
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	640.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 105 OF 130
	<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. Dinh Vu MD
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Mendenaro Court

City Fallbrook	State CA	Zip Code 92028
-------------------	-------------	-------------------

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

Name of Employer Magella Medical Group, Inc.	Occupation Obstetric Hospitalist
---	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : AEB50C43E8B724786880

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Dinh Vu MD
Full Name (Last, First, Middle Initial)

Mailing Address 3307 Mendenaro Court

City Fallbrook	State CA	Zip Code 92028
-------------------	-------------	-------------------

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

Name of Employer Magella Medical Group, Inc.	Occupation Obstetric Hospitalist
---	-------------------------------------

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
08	/	30	/	2013

Transaction ID : A234240F408A74423B2D

Amount of Each Receipt this Period

25.00

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
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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 ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A97DEC4DFBDFB4B34AD3

Amount of Each Receipt this Period

125.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 106 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Marshall W Walker MD		Date of Receipt
Mailing Address 73 Rock Creek Drive		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Greenville	SC	29605
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A780EE4181E754E43A14
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group of South Carol	Medical Director NICU	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michele M Wallace		Date of Receipt
Mailing Address 10080 Nw 10th St		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Plantation	FL	33322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : ABDC6BA0ADA5C4F8DB71
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir Clinical Systems	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michele M Wallace		Date of Receipt
Mailing Address 10080 Nw 10th St		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Plantation	FL	33322
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4CBF856EAE5E4E9A8DD
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology, Inc.	Dir Clinical Systems	<input type="text" value="20.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="520.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="290.00"/>
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 107 OF 130
	<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. Mary Wearden MD		Date of Receipt
Mailing Address 22535 Lynridge		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78258
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFE5100D0FA4C4761ADE
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="3000.00"/>	

Full Name (Last, First, Middle Initial) B. Mary Wearden MD		Date of Receipt
Mailing Address 22535 Lynridge		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
San Antonio	TX	78258
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A807CAFFC34DE432F952
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="3200.00"/>	

Full Name (Last, First, Middle Initial) c. William Wegh DO		Date of Receipt
Mailing Address 1812 Funny Cide Ln		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Waxhaw	NC	28173
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB1B86FAE3F7843F4BD7
Name of Employer	Occupation	Amount of Each Receipt this Period
American Anesthesiology of the Southea	Anesthesiologist Assoc	<input type="text" value="75.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="475.00"/>
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 108 OF 130
	<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. 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 VP Revenue Cycle Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2013
Transaction ID : A87495668B3934350950

Amount of Each Receipt this Period 100.00

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 VP Revenue Cycle Mgmt

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A93B8506BA21C46F4907

Amount of Each Receipt this Period 100.00

Payroll Deduction

C. Bonnie Wilson
Full Name (Last, First, Middle Initial)

Mailing Address 2100 South Ocean Blv Blv

City Fort Lauderdale State FL Zip Code 33316

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 15 / 2013
Transaction ID : AB7176F42CED54BCBB5B

Amount of Each Receipt this Period 125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 325.00

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 109 OF 130
<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. Bonnie Wilson		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : A76903DB126064914A0C
Mailing Address 2100 South Ocean Blv Blv		Amount of Each Receipt this Period 125.00
City Fort Lauderdale	State FL	Zip Code 33316
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Sr Division Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1625.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Karen S Witte		Date of Receipt MM / DD / YYYY 08 / 15 / 2013 Transaction ID : A607AD16F0BFA44F3A18
Mailing Address 1301 Concord Terrace		Amount of Each Receipt this Period 25.00
City Sunrise	State FL	Zip Code 33323-0000
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Asst ControllerDISBMT
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Karen S Witte		Date of Receipt MM / DD / YYYY 08 / 30 / 2013 Transaction ID : AFF65049C21C84B86B37
Mailing Address 1301 Concord Terrace		Amount of Each Receipt this Period 25.00
City Sunrise	State FL	Zip Code 33323-0000
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Asst ControllerDISBMT
Receipt For: <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).....▶	175.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 110 OF 130
	<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. Terri Wohlever
Full Name (Last, First, Middle Initial)

Mailing Address 4106 Rive Lane

City Addison	State TX	Zip Code 75001
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : A7196940B6F3B41CBAA1

Amount of Each Receipt this Period

25.00

Payroll Deduction

B. Terri Wohlever
Full Name (Last, First, Middle Initial)

Mailing Address 4106 Rive Lane

City Addison	State TX	Zip Code 75001
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : A034F2E049D1A4B55AAA

Amount of Each Receipt this Period

25.00

Payroll Deduction

C. Lydia N Wright MD
Full Name (Last, First, Middle Initial)

Mailing Address 3224 Shadow Court

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

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

Name of Employer Obstetrix Medical Group of Coastal Car	Occupation Medical Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.60**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	30	/	2013

Transaction ID : AD24D78B3AD764891886

Amount of Each Receipt this Period

41.70

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	91.70
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 111 OF 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Peter K Wu MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 908 Symphony Circle SW
 City Vienna State VA Zip Code 22180
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A8B4B41E325E34B1C80B
 Amount of Each Receipt this Period 100.00
 Payroll Deduction

B. David C Yarnall MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 12519 Nathaniel Oaks Dr
 City Oak Hill State VA Zip Code 20171
 FEC ID number of contributing federal political committee. **C**
 Name of Employer American Anesthesiology of Virginia, P Occupation Anesthesiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A15983B3326CE415DA06
 Amount of Each Receipt this Period 50.00
 Payroll Deduction

c. Gary L Yup MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2301 Fireside Circle
 City Reno State NV Zip Code 89509
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pokroy Medical Group of Nevada, Ltd. Occupation Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1600.00

Date of Receipt 08 / 30 / 2013
Transaction ID : A7FF612E9121A4391947
 Amount of Each Receipt this Period 200.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 350.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 112 OF 130
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Karen J Zimmerman		Date of Receipt
Mailing Address 1799 S Lee Street Unit B		<input type="text" value="08"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A0D34356C4F724290B4B
Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatal Nurse Practitioner	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="375.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) B. Karen J Zimmerman		Date of Receipt
Mailing Address 1799 S Lee Street Unit B		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Lakewood	State CO	Zip Code 80232
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AA5A151EBAC1744E0AA4
Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatal Nurse Practitioner	Amount of Each Receipt this Period <input type="text" value="25.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="400.00"/>	Payroll Deduction

Full Name (Last, First, Middle Initial) C. Terrance J Zuerlein MD		Date of Receipt
Mailing Address 21 Fontenay Circle		<input type="text" value="08"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Little Rock	State AR	Zip Code 72223
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A4A8CAAEC1E3E41DF8D7
Name of Employer Pediatrix Medical Group of Arkansas, P	Occupation Medical Director NICU	Amount of Each Receipt this Period <input type="text" value="250.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="2000.00"/>	Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="300.00"/>
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: PAGE 113 OF 130
(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. Ann Zugarramurdi

Mailing Address 4621 SW 163rd Path

City Miami State FL Zip Code 33185

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

Name of Employer Mednax Services, Inc. Occupation Insurance Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 225.00

Date of Receipt
 08 / 15 / 2013
Transaction ID : A545157609FB54D73998

Amount of Each Receipt this Period
 15.00

Payroll Deduction

Full Name (Last, First, Middle Initial)
B. Ann Zugarramurdi

Mailing Address 4621 SW 163rd Path

City Miami State FL Zip Code 33185

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

Name of Employer Mednax Services, Inc. Occupation Insurance Program Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 08 / 30 / 2013
Transaction ID : A64DCDE729F334859AA7

Amount of Each Receipt this Period
 15.00

Payroll Deduction

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	30.00
TOTAL This Period (last page this line number only).....▶	30063.82

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

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

FOR LINE NUMBER: PAGE 114 OF 130
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Mednax, Inc
 Full Name (Last, First, Middle Initial)
 Mailing Address 1301 Concord Ter
 City Sunrise State FL Zip Code 33323-2843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 692.41

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2013
Transaction ID : AB2CF6221114406CA0B
 Amount of Each Receipt this Period
 32.43
 Reimbursement of July Bank Fees

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	32.43
TOTAL This Period (last page this line number only).....▶	32.43

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Bank Of America

Mailing Address 600 Peachtree St NE

City Atlanta State GA Zip Code 30308-2219

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2013

Transaction ID : BADBB53A114E442B78B6

Amount of Each Disbursement this Period

115.79

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Disbursement this Period

--

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

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

115.79

115.79

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Castro for Congress

Mailing Address PO Box 544

City San Antonio State TX Zip Code 78292-0544

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name
Rep. Joaquin Castro

Office Sought: House
 Senate
 President
State: TX District: 20

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

Transaction ID : B8E84B5B0EBAE4F038E7

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Friends Of Joe Heck

Mailing Address PO Box 750114

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name
Rep. Joe J. Heck

Office Sought: House
 Senate
 President
State: NV District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	0		2	0	1	3

Transaction ID : B3FDB98FF0CAF4469910

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

9	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Burke For GA State Senate Campaign

Mailing Address P.O. Box 2188

City Gainesville State GA Zip Code 30503-2188

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 23 / 2013

Transaction ID : **BE6DE7EF5C5984AF69BD**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Burt Jones for Georgia State Senate

Mailing Address PO Box 767

City Jackson State GA Zip Code 30233-0016

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : **B66E4D0EB408045F099E**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Carlos I Uresti Campaign

Mailing Address 624 McCullough

City San Antonio State TX Zip Code 78215

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : **B7406B5D9AA8743ED9CC**

Amount of Each Disbursement this Period

5000.00

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

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

8000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Casey Cagle for Lieutenant Governor

Mailing Address PO Box 12137

City Atlanta State GA Zip Code 30355-2137

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : B6B8E31F46F4D4EF3B4F

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Cecil Staton for State Senate

Mailing Address PO Box 26427

City Macon State GA Zip Code 31221

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2013

Transaction ID : B1676FEAA401C4640986

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Butch Parrish

Mailing Address 224 West Main Street

City Swainsboro State GA Zip Code 30401

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 06 / 2013

Transaction ID : B139191DFEF9B4BE2AEB

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Committee To Elect Renee Unterman

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		06		2013

Mailing Address 3212 Cloudland Court

Transaction ID : B5D14D34E89194784B44

City Buford State GA Zip Code 30519

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Committee To Elect Rm Channell

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		21		2013

Mailing Address P.O. Box 839

Transaction ID : BB9072B51A5DE4F57A8C

City Greensboro State GA Zip Code 30642

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Cowser for Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		15		2013

Mailing Address PO Box 627

Transaction ID : BE3CA776AC7D749C3935

City Athens State GA Zip Code 30603-0627

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution- Primary 2014

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

3000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. David Shafer Senate Committee

Mailing Address PO Box 880

City State Zip Code
Duluth GA 30096

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	6		2	0	1	3

Transaction ID : **B92B67323EC46476A919**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DAWNNA DUKES CAMPAIGN

Mailing Address P.O. BOX 14645

City State Zip Code
Austin TX 78761-4645

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	3

Transaction ID : **B0A95E88703B24436A8D**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Duran for Colorado

Mailing Address 4956 Umatilla Street

City State Zip Code
Denver CO 80221-1314

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	3

Transaction ID : **B5C98A7F7925C4425991**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

3	6	0	0	0	0	0	0	0	0

3	6	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Duran for Colorado

Mailing Address 4956 Umatilla Street

City Denver State CO Zip Code 80221-1314

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 09 / 2013

Transaction ID : BC0862846CF1C4848BB7

Amount of Each Disbursement this Period

200.00

Full Name (Last, First, Middle Initial)

B. Eddie Rodriguez Campaign

Mailing Address P.O. Box 2436

City Austin State TX Zip Code 78768-2436

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : BE8044EE6AB3147CAA03

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends & Neighbors of Pat Gardner

Mailing Address 668 East Pelham Road

City Atlanta State GA Zip Code 30324-5202

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : B41804E9D793247B0B18

Amount of Each Disbursement this Period

1000.00

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

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

2200.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Brett Harrell

Mailing Address PO Box 1135

City Snellville State GA Zip Code 30078-1135

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : BBC63387658544920895

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Friends Of Donna Sheldon

Mailing Address 2186 Ewing chapel Road

City Dacula State GA Zip Code 37064

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2013

Transaction ID : B4C3134CCD82A4589B11

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Friends of Jan Jones

Mailing Address 12850 Hwy. 9
Suite 600-356

City Milton State GA Zip Code 30004

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2013

Transaction ID : B4B0DCBC163A946A3BB5

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Friends of Judson Hill

Mailing Address 3102 Raines Court

City Marietta State GA Zip Code 30062-5427

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : B669FB84963934F61B5D

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

B. Friends of Larry O'Neal

Mailing Address 200 Willingham Dr.

City Bonaire State GA Zip Code 31005

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2013

Transaction ID : BFDECF2EFF85B4AC5B12

Amount of Each Disbursement this Period

1000.00

Category/Type

Full Name (Last, First, Middle Initial)

C. Friends of Valerie Clark

Mailing Address 252 Regal Drive

City Lawrenceville State GA Zip Code 30046-4771

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : BD798186E932641DB845

Amount of Each Disbursement this Period

1000.00

Category/Type

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

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

3000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Georgia Republican Senatorial Trust

Mailing Address 1300 Hampton Road

City Douglas State GA Zip Code 31533-7916

Purpose of Disbursement
Political Contribution - Other 2013

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	3

Transaction ID : B9D28CD82EED54482A7F

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Hickenlooper For Colorado

Mailing Address P.O. Box 1317

City Denver State CO Zip Code 80201

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	9		2	0	1	3

Transaction ID : B3E0D26F03B044952B09

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. House Majority Project

Mailing Address PO Box 181413

City Denver State CO Zip Code 80218-8827

Purpose of Disbursement
Political Contribution 2013

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	3

Transaction ID : B180AFD971E6C481ABD0

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
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5	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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Hunter Hill for State Senate

Mailing Address 2451 Cumberland Pkwy.
Suite 3439

City Atlanta State GA Zip Code 30339-6136

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 02 / 2013

Transaction ID : B2A0136A0D3114E26B4B

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Josh Clark for State House

Mailing Address 420 South Hill St.

City Buford State GA Zip Code 30518-3263

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : B52C7C4DDBF7E4587BEE

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Kirk Watson Campaign

Mailing Address P.O. Box 2004

City Austin State TX Zip Code 78768-2004

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2013

Transaction ID : BC85E61AE887C41719A3

Amount of Each Disbursement this Period

2500.00

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

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Lois W. Kolkhorst Campaign

Mailing Address PO Box 2546

City Brenhan State TX Zip Code 77834

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : B9D01BE22D59B435E832

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. Mark Hutchison for Lt. Governor

Mailing Address 10080 W. Alta Dr.
Suite 200

City Las Vegas State NV Zip Code 89145-8724

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 30 / 2013

Transaction ID : B12BAF4A9D7384244934

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Northam for LG

Mailing Address PO Box 597

City Richmond State VA Zip Code 23218-0597

Purpose of Disbursement
Political Contribution- General 2013

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2013

Transaction ID : BA80A59A93AA84055B0E

Amount of Each Disbursement this Period

1000.00

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

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

16000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Northam for Senate

Mailing Address PO Box 597

City Richmond State VA Zip Code 23218-0597

Purpose of Disbursement
Political Contribution- Primary 2015

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2015
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 19 / 2013

Transaction ID : B687D6C1E294C4417A06

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Philip Cortez Campaign

Mailing Address 310 Valley Hi Dr.
Suite 107

City San Antonio State TX Zip Code 78227-4605

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : B9065933CB0FB46F68EE

Amount of Each Disbursement this Period

2500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Ralston For Representative

Mailing Address 9431 Blue Ridge Drive

City Blue Ridge State GA Zip Code 30513

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : B34C3350BBA2A4FCE93E

Amount of Each Disbursement this Period

2000.00

Category/
Type

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

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

5500.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sandoval for Governor

Mailing Address 4145 Latigo Dr.

City Reno State NV Zip Code 89519-2937

Purpose of Disbursement
Political Contribution- General 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2013

Transaction ID : B946DA7C77EE749178ED

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Sandoval for Governor

Mailing Address 4145 Latigo Dr.

City Reno State NV Zip Code 89519-2937

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 08 / 2013

Transaction ID : B9E9A6825E1BE45A3A94

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Senator Jack Hill Campaign

Mailing Address 109 College Ave

City Reidsville State GA Zip Code 30453

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 15 / 2013

Transaction ID : B4DD87EFD4EE1479B925

Amount of Each Disbursement this Period

2000.00

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

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

12000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Sharon Cooper For Statehouse

Mailing Address 1234 Powers Ferry Commons
Suite 104

City Marietta State GA Zip Code 30067

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 06 / 2013

Transaction ID : B92785FD00B9A4328A86

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Texans for Charles Schwertner

Mailing Address PO Box 2448

City Georgetown State TX Zip Code 78627

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2013

Transaction ID : B7009F8B27BB24F4898E

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. The Committee to Elect Terry England

Mailing Address 1060 Old Hog Mtc. Rd.

City Auburn State GA Zip Code 30011

Purpose of Disbursement
Political Contribution- Primary 2014

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
08 / 15 / 2013

Transaction ID : B6675AF3CAA464522ABA

Amount of Each Disbursement this Period

1000.00

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

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

7000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Trey Martinez Fischer Campaign

Mailing Address 2248 West Magnolia

City San Antonio State TX Zip Code 78201

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
08 / 26 / 2013

Transaction ID : BCA12A166B00B4F85856

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

78800.00