

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

2. FEC IDENTIFICATION NUMBER C C00469205 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 02 / 01 / 2013 through 02 / 28 / 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 03 / 20 / 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.....	598108.67	
(c) Total Receipts (from Line 19)	266557.90	305090.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	864666.57	887688.61
7. Total Disbursements (from Line 31).....	33049.12	56071.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	831617.45	831617.45
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

MEDNAX, INC. FEDERAL POLITICAL ACTION COMMITTEE

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	253563.50	273888.84
(ii) Unitemized	12947.36	30850.79
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	266510.86	304739.63
(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)	266510.86	304739.63
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).....	47.04	350.52
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	266557.90	305090.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	266557.90	305090.15

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	49.12	246.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	49.12	246.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	45500.00
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	5000.00	10325.00
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)) ..	33049.12	56071.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33049.12	56071.16

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)	266510.86	304739.63
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	266510.86	304739.63
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	49.12	246.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	47.04	350.52
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2.08	-104.36

**SCHEDULE A (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 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

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

Full Name (Last, First, Middle Initial) A. Amy Adelberg MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A01A51B4E3FA34411BC3
Mailing Address 131 Summit Blvd		Amount of Each Receipt this Period 600.00
City Cherry Hills Village	State CO	Zip Code 80113
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Perinatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Remedios C Agrawal MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A76477DAFBC8744C3A83
Mailing Address 2 Carriage Hills		Amount of Each Receipt this Period 300.00
City San Antonio	State TX	Zip Code 78257-1204
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Shannon S Allen		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A0ED0D7A3C6D7466E89A
Mailing Address 10200 Waters Dr		Amount of Each Receipt this Period 50.21
City Irving	State TX	Zip Code 75063
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir IS Clinic Systems	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.84	

SUBTOTAL of Receipts This Page (optional).....▶	950.21
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: PAGE 7 OF 83
(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. Cesar Alvarez

Mailing Address 1221 Brickell Ave

City Miami State FL Zip Code 33131-3224

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : A73AD910181A84E6BBF8

Amount of Each Receipt this Period
5000.00

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

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 ▼
750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AF1923CD63E3B473290A

Amount of Each Receipt this Period
250.00

Payroll Deduction

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

Mailing Address 1720 SW 131st Terrace

City Davie State FL Zip Code 33325

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A53763EE999C7417AA40

Amount of Each Receipt this Period
250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5500.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5722 Moccasin Run

City Rockford State IL Zip Code 61109

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

Name of Employer Occupation
Pediatrix Medical Group of Illinois, P Corporate Medical Directr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A484B971D47034965830

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 137 Cocoanut Rd

City Delray Beach State FL Zip Code 33444

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
211.46

Date of Receipt
02 / 28 / 2013
Transaction ID : A82A8A865A07642DA9A8

Amount of Each Receipt this Period
105.73

Payroll Deduction

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

Mailing Address 355 Prima Vera Cove

City Altamonte Springs State FL Zip Code 32714

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 ▼
5000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A2F8A1CC7384B49219A9

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5305.73

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

SCHEDULE A (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 83
	<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. Randi A Axelrod MD
Full Name (Last, First, Middle Initial)

Mailing Address 1430 Hopeland Rd

City Wycote State PA Zip Code 19095

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : AD8047671D720453686F

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

B. Luis Ayo MD
Full Name (Last, First, Middle Initial)

Mailing Address 112 81 Street W

City Bradenton State FL Zip Code 34209

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : AF0B05045CA6E4AB0A59

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

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

Mailing Address 2257 Haversham Close

City Virginia Beach State VA Zip Code 23454

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : A7CB410B29B26471C87F

Amount of Each Receipt this Period: 5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	15000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 83
	<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. James A Bartelsmeyer MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2283 Talon Ct
 City St Albans State MO Zip Code 63073
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Missouri, P Perinatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : ADAA7C5DDD3244E98890
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

B. Isabel BasalduPrado MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 9418 Highlands Cove
 City Boerne State TX Zip Code 78006
 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 ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A6D5D27B4C32C42C99CB
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

C. Michael Battista MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Orsinger Hill
 City San Antonio State TX Zip Code 78230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : A7A7C4A92C6B3418DBCE
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5550.00
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 11 OF 83 (check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

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

Mailing Address 11 Orsinger Hill

City San Antonio	State TX	Zip Code 78230
---------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A3AA10FA3E92B4D25832

Amount of Each Receipt this Period
250.00

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

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : ADBB84F9052A44FAD91C

Amount of Each Receipt this Period
150.00

Payroll Deduction

C. William H Benton MD
Full Name (Last, First, Middle Initial)

Mailing Address 14001 Bell Pt Drive

City Little Rock	State AR	Zip Code 72212
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FEC ID number of contributing federal political committee. **C**

Name of Employer Pediatrix Medical Group of Arkansas, P	Occupation Neonatologist
--	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AEE119264215E4755A15

Amount of Each Receipt this Period
2000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 83
<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. Barry T Bloom MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 550 N Hillside
 City State Zip Code
 Wichita KS 67214
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Kansas, P.A. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AA9E9B07B8D5E45BFA8D
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

B. Joseph L Brady JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 320 West 9th St
 City State Zip Code
 Charlotte NC 28202
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of North Carol Corporate Medical Directr
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AB2F3C151961343E2854
 Amount of Each Receipt this Period
 1000.00
 Payroll Deduction

C. David R Breed MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1310 S College St
 City State Zip Code
 Georgetown TX 78626
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AD596D011EF1246BDAA4
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	6100.00
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 83
<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. David R Breed MD		Date of Receipt
Mailing Address 1310 S College St		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Georgetown	TX	78626
FEC ID number of contributing federal political committee.		Transaction ID : A3538F9B9381C47B5BCE
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Howard Brenker MD		Date of Receipt
Mailing Address 6566 NW 99 Lane		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Parkland	FL	33076
FEC ID number of contributing federal political committee.		Transaction ID : AEF359CDAFC944A6FA42
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Florida, In	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) c. Jay Brenner MD		Date of Receipt
Mailing Address 16317 Wilsoncreek Ct		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chesterfield	MO	63005
FEC ID number of contributing federal political committee.		Transaction ID : AB2DC421F58B7404487A
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Missouri, P	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1350.00"/>
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 14 OF 83
	<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 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 ▼
833.32

Date of Receipt
02 / 28 / 2013
Transaction ID : A5C5480D18E204109ABC

Amount of Each Receipt this Period
416.66

Payroll Deduction

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

Mailing Address 2021 Scott Lane

City Knoxville State TN Zip Code 37922

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A745A1B6E34DC4978ADF

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 1402 SE 2nd St

City Fort Lauderdale State FL Zip Code 33301

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : AF2F66DC339524B6492F

Amount of Each Receipt this Period
5000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5716.66

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 15 OF 83
	<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. Nicomedes Camacho
Full Name (Last, First, Middle Initial)

Mailing Address 35 Havenwood

City Irvine	State CA	Zip Code 92614
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	11	/	2013

Transaction ID : A0A805E17D58C4FAE827

Amount of Each Receipt this Period
3000.00

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

Mailing Address 423 Westridge Circle

City Anaheim	State CA	Zip Code 92651
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : A58694255B3774623A3C

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 7207 Edloe

City Houston	State TX	Zip Code 77025
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : AB7A02E4D488E4FB493E

Amount of Each Receipt this Period
200.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	3260.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 83
	<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. Waldemar Carlo		Date of Receipt
Mailing Address 1720 Indian Creek Dr		<input type="text" value="02"/> / <input type="text" value="13"/> / <input type="text" value="2013"/>
City	State	Zip Code
Vestavia	AL	35243-1700
FEC ID number of contributing federal political committee.		Transaction ID : A61838F38620A4303BD8
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Name of Employer	Occupation	
Mednax, Inc.	Director, Mednax, Inc. Board O	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ronald Carzoli MD		Date of Receipt
Mailing Address 1505 First South Apt 401		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Jacksonville	FL	32250
FEC ID number of contributing federal political committee.		Transaction ID : A4A9282939F11418CB1B
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="125.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Group of Florida, In	Corporate Medical Directr	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Frank S Cho MD		Date of Receipt
Mailing Address 701 Forest View		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Austin	TX	78746
FEC ID number of contributing federal political committee.		Transaction ID : A26F06E91EF60416F929
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>
Name of Employer	Occupation	Payroll Deduction
Pediatrix Medical Services, Inc.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="7625.00"/>
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 17 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 7489 Nw 117th Lane

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation COO PMG
---	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A19AB84DF20494085A7F

Amount of Each Receipt this Period
5000.00

Payroll Deduction

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

Mailing Address 11539 NW 72nd Place

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AE1CBC771F4434FE988F

Amount of Each Receipt this Period
2500.00

Payroll Deduction

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

Mailing Address 11 Island Avenue Apt 1405
Apt 1405

City Miami Beach	State FL	Zip Code 33139
---------------------	-------------	-------------------

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

Name of Employer American Anesthesiology, Inc.	Occupation Dir Finance
---	---------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A0F25BBBAFACF4BDBBA

Amount of Each Receipt this Period
1000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	8500.00
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 83
	<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. 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 ▼
1240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : ACC18EE1BEF274866897

Amount of Each Receipt this Period
1060.00

Payroll Deduction

B. Benton Cofer MD
Full Name (Last, First, Middle Initial)

Mailing Address 51 Appian Circle

City Simpsonville State SC Zip Code 29681

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 ▼
1500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A6A91CB24A9A647A9BDA

Amount of Each Receipt this Period
1500.00

Payroll Deduction

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

Mailing Address 8239 New Cut Rd

City Campo Bello State SC Zip Code 29322

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AEBF14DDC409D4CBE9A1

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 2685.00

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

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

A. Jose Colindres MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 16775 NW 20 Street
 City State Zip Code
 Pembroke Pines FL 33028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Florida, In Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AB0FEA74BF1AD4C1C817
 Amount of Each Receipt this Period
 250.00
 Payroll Deduction

B. Steve Collins
 Full Name (Last, First, Middle Initial)
 Mailing Address 10468 Laurel Road
 City State Zip Code
 Davie FL 33328
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. SVP Business Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AEFCA1B79F6314CCA871
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

C. J Thomas Thomas Cox JRMD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2488 W Keswick Road
 City State Zip Code
 Florence SC 29501
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of South Carol Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A4465AE0D44E14DA4A02
 Amount of Each Receipt this Period
 125.00
 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 20 OF 83
	<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. Jorge Del Toro MD
Full Name (Last, First, Middle Initial)

Mailing Address 1059 Nautica Drive

City Weston State FL Zip Code 33327

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **641.34**

Date of Receipt: **02 / 28 / 2013**

Transaction ID : A0C6C3F5C1C7749E3ADF

Amount of Each Receipt this Period: **320.67**

Payroll Deduction

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

Mailing Address 3003 NE 160th Street

City Lake Forest Park State WA Zip Code 98155

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

Name of Employer: **Pediatrix Medical Group of Washington,** Occupation: **Neonatologist**

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **02 / 28 / 2013**

Transaction ID : A300E033E3E084BCB8B2

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

Payroll Deduction

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

Mailing Address 2902 Needham Court

City Delray Beach State FL Zip Code 33445

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **624.99**

Date of Receipt: **02 / 15 / 2013**

Transaction ID : A309713683E154E40AB0

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **829.00**

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 83
	<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
Mailing Address 2902 Needham Court		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Delray Beach FL 33445		Transaction ID : A9B998406A97C4744B20
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="208.33"/>
Name of Employer Mednax Services, Inc.	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="833.32"/>	

Full Name (Last, First, Middle Initial) B. Michael D Dwyer MD		Date of Receipt
Mailing Address 450 South Peachtree Parkway D301		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Peachtree City GA 30269		Transaction ID : A6918E71E8B7C4681ADE
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="5000.00"/>
Name of Employer Pediatrix Medical Group of Georgia, P.	Occupation Corporate Medical Directr	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Delphine Eichorst MD		Date of Receipt
Mailing Address 173 S Lookout Mt Rd		<input type="text" value="02"/> / <input type="text" value="14"/> / <input type="text" value="2013"/>
City State Zip Code Golden CO 80401		Transaction ID : A88FBE7CDB2EE4E39874
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="500.00"/>
Name of Employer Obstetrix Medical Group of Colorado, P	Occupation Medical Director NICU	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="500.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5708.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 83
	<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. Daniel P Eller
Full Name (Last, First, Middle Initial)

Mailing Address 8231 Nesbit Ferry Road

City Sandy Springs State GA Zip Code 30350

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A3DCE5C8184D54776AB2

Amount of Each Receipt this Period
125.00

Payroll Deduction

B. Claire M Fair
Full Name (Last, First, Middle Initial)

Mailing Address 3353 Emerald Oaks Drive 102 # 102

City Hollywood State FL Zip Code 33021

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : ADC6A6304D5194363B69

Amount of Each Receipt this Period
5000.00

Payroll Deduction

C. Fuad Fakhreddine MD
Full Name (Last, First, Middle Initial)

Mailing Address 215 Northglenn Court

City Atlanta State GA Zip Code 30342

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A764A3A85214143E79EE

Amount of Each Receipt this Period
125.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 83
<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. Antoine Fomufod MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5722 Avery Park Dr
 City State Zip Code
 Rockville MD 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix of Maryland, P.A. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : ADC9F35417BE74D219A1
 Amount of Each Receipt this Period
 1000.00
 Payroll Deduction

B. Roger Freeman
 Full Name (Last, First, Middle Initial)
 Mailing Address 41 Rivo Alto Canal
 City State Zip Code
 Long Beach CA 90803-4041
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax, Inc. Member, Mednax, Inc. Board Of
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013
Transaction ID : A9374B49EDD1D4C75953
 Amount of Each Receipt this Period
 5000.00

C. Simon Frisch
 Full Name (Last, First, Middle Initial)
 Mailing Address 3816 W Hibiscus Street
 City State Zip Code
 Weston FL 33332
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Director of Operations
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : A34EDE0B3A316403C851
 Amount of Each Receipt this Period
 100.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	6100.00
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 83
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Simon Frisch		Date of Receipt
Mailing Address 3816 W Hibiscus Street		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Weston	FL	33332
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AD70A795FD9AF418C8B7
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Group, Inc.	Director of Operations	<input type="text" value="100.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="400.00"/>	

Full Name (Last, First, Middle Initial) B. Paul Gabos		Date of Receipt
Mailing Address 7742 Still Lakes Dr		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Odessa	FL	33556-2260
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A9632DEA85B8647338F6
Name of Employer	Occupation	Amount of Each Receipt this Period
Lincare Holdings, Inc.	Mednax Board Of Directors	<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	

Full Name (Last, First, Middle Initial) C. Sanjuanita GarzaCox MD		Date of Receipt
Mailing Address 722 Ruidosa Downs		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Helotes	TX	78023
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A93A48193C3E2427DB39
Name of Employer	Occupation	Amount of Each Receipt this Period
Pediatrix Medical Services, Inc.	Neonatologist	<input type="text" value="208.33"/>
Receipt For:	Aggregate Year-to-Date ▼	Payroll Deduction
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="624.99"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5308.33"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 83
	<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. Sanjuanita GarzaCox MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 722 Ruidosa Downs
 City Helotes State TX Zip Code 78023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 833.32

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A2B121F85A496472E8A6
 Amount of Each Receipt this Period
 208.33
 Payroll Deduction

B. Lisa Goldberg DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1004 Dartmouth Rd
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, P.C. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AA74013D98D234434A3A
 Amount of Each Receipt this Period
 2500.00
 Payroll Deduction

C. Steven Goldman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 20 Underhill Road
 City Mill Valley State CA Zip Code 94941
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of California, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 05 / 2013
Transaction ID : A4B5CBA4A76B148B8BE2
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....	3208.33
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 26 OF 83
<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. Jennifer Granberry
Full Name (Last, First, Middle Initial)

Mailing Address 7700 NW 120th Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A0AF84B8AF496438E9F8

Amount of Each Receipt this Period
60.00

Payroll Deduction

B. Kimberly Greenwald MD
Full Name (Last, First, Middle Initial)

Mailing Address 2109 Blue Oak Terrace

City Raleigh	State NC	Zip Code 27608
-----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AD48AF93EC2324872822

Amount of Each Receipt this Period
5000.00

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 ▼
326.99

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AAAF8FDC95E394B199C8

Amount of Each Receipt this Period
109.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	5169.00
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 83
	<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. Samuel W Grossmann		Date of Receipt
Mailing Address 438 Forrest Prk Cir		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Franklin TN 37064		Transaction ID : A2854033128FA48129F2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="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 ▼ <input type="text" value="435.99"/>	

Full Name (Last, First, Middle Initial) B. Joseph Harlan JRMD		Date of Receipt
Mailing Address 2700 Kathwood Court		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City State Zip Code Florence SC 29501-1975		Transaction ID : AB7AC7A0DA8844613BB2
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="400.00"/>
Name of Employer Pediatrix Medical Group of South Carol	Occupation Neonatologist	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="800.00"/>	

Full Name (Last, First, Middle Initial) C. William Hawk		Date of Receipt
Mailing Address 1542 SE 13th Street		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City State Zip Code Ft Lauderdale FL 33316		Transaction ID : A829C8E2483BD4643B07
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="218.75"/>
Name of Employer American Anesthesiology, Inc.	Occupation SVP Operations	Payroll Deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="656.25"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="727.75"/>
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 28 OF 83
(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. William Hawk

Mailing Address 1542 SE 13th Street

City Ft Lauderdale State FL Zip Code 33316

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

Name of Employer American Anesthesiology, Inc. Occupation SVP Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875.00**

Date of Receipt
02 / 28 / 2013
Transaction ID : A5C54653CF31745439E3

Amount of Each Receipt this Period
218.75

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Boerne State TX Zip Code 78015-8368

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 ▼ **875.01**

Date of Receipt
02 / 15 / 2013
Transaction ID : A712D8912A4E24FA99D8

Amount of Each Receipt this Period
291.67

Payroll Deduction

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

Mailing Address 8 Ranch Terrace

City Boerne State TX Zip Code 78015-8368

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 ▼ **1191.68**

Date of Receipt
02 / 28 / 2013
Transaction ID : AB79ACE2FD7324982B33

Amount of Each Receipt this Period
316.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **827.09**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 83
	<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. Roger Mack Hinson MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8320 84th Avenue SE
 City Mercer Island State WA Zip Code 98040
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Washington, Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A9D061AF58ADC48E9957
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

B. Patrick J Hodges MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5205 Green Falls Ct
 City Austin State TX Zip Code 78746
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A1392C7C17F0B46DD9F7
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

C. Ayne K Iafolla MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 14220 Cervantes Avenue
 City Darnestown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix of Maryland, P.A. Corp Med Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A17924DD6BED94519A11
 Amount of Each Receipt this Period
 150.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	5450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 83
	<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 Isaac MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 8368 Settlers Peak
 City Boerne State TX Zip Code 78015-4948
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 02 / 28 / 2013
Transaction ID : A46DD3F822F93451EB89
 Amount of Each Receipt this Period
 500.00
 Payroll Deduction

B. Victor N Iskersky MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 305 Club Colony Cir
 City Blythewood State SC Zip Code 29016
 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 ▼
 5000.00

Date of Receipt
 02 / 28 / 2013
Transaction ID : A7EC94815170A4970991
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

C. Robert V Jarrett DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 5851 Holmberg Rd
 Unit 3211
 City Parkland State FL Zip Code 33067
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Mednax Services, Inc. VP Medical Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 15 / 2013
Transaction ID : A610C2FC09AB4444A941
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....▶	10500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 83
	<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. Manuel Kadre		Date of Receipt MM / DD / YYYY 02 / 13 / 2013 Transaction ID : A2ACB25B1251A40C18B6
Mailing Address 5345 Hammock Dr		Amount of Each Receipt this Period 5000.00
City Coral Gables	State FL	Zip Code 33156-2103
FEC ID number of contributing federal political committee. C	Name of Employer Mednax, Inc.	Occupation Director, Mednax, Inc. Board O
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. David M Kanter MD		Date of Receipt MM / DD / YYYY 02 / 25 / 2013 Transaction ID : AA2201BE7F8BC4927A31
Mailing Address 1 Huntly Dr		Amount of Each Receipt this Period 5000.00
City Palm Beach	State FL	Zip Code 33418
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Medical Coding
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Sherri Kappler MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : ACF3B34CAEBBB44428FE
Mailing Address 1351 Province Lane		Amount of Each Receipt this Period 1000.00
City South Lake	State TX	Zip Code 76092
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	11000.00
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 32 OF 83
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Debra F Kaspar
Full Name (Last, First, Middle Initial)
Mailing Address 11224 Handlebar Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : A934D6656AB7B48F9BDC

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 ▼ **507.84**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AFF6BC6EF150246BF910

Amount of Each Receipt this Period

126.96

Payroll Deduction

C. Amy Kelleher
Full Name (Last, First, Middle Initial)
Mailing Address 1360 Sycamore Terr

City Boca Raton	State FL	Zip Code 33486
--------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir Clinical Trials Ops
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	08	/	2013

Transaction ID : ABE07E6ADE36740F2BA6

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....	503.92
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 33 OF 83
	<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: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **600.00**

Date of Receipt: **02 / 15 / 2013**
Transaction ID : AB878C5CD2C86491085A
 Amount of Each Receipt this Period: **200.00**
 Payroll Deduction

B. 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 **800.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A28D5C4AC6BB84E93862
 Amount of Each Receipt this Period: **200.00**
 Payroll Deduction

C. Robert Kiley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 231 Venison Creek Drive
 City Monument State CO Zip Code 80132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Colorado, P Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt: **02 / 08 / 2013**
Transaction ID : AAE3D33F31B304D5CB3B
 Amount of Each Receipt this Period: **1000.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1400.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 83
	<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. Linda Kim MD
Full Name (Last, First, Middle Initial)
Mailing Address 4226 Holland Ave
City Dallas State TX Zip Code 75219
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 300.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : A7243C51CFB264A888C1
Amount of Each Receipt this Period: 300.00
Payroll Deduction

B. Kathleen A Knight
Full Name (Last, First, Middle Initial)
Mailing Address 3013 Overton Park Drive E
City Fort Worth State TX Zip Code 76109-1620
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group, Inc. Occupation: Associate General Counsel
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 750.00

Date of Receipt: 02 / 12 / 2013
Transaction ID : AAA3533D6717F44D7874
Amount of Each Receipt this Period: 750.00

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: Pediatrix Medical Group, Inc. Occupation: RVP
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 624.99

Date of Receipt: 02 / 15 / 2013
Transaction ID : A23F9C69D618B4B81A1D
Amount of Each Receipt this Period: 208.33
Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1258.33
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 83
<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. 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 ▼ **833.32**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : **ABE913BCD69324D3B934**

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

Payroll Deduction

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

Mailing Address 4311 Valli Vista

City Colorado Springs State CO Zip Code 80915

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : **ACF4EF70BBBCF46BA984**

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

Payroll Deduction

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

Mailing Address 2555 E Plateau Drive

City Boise State ID Zip Code 83712

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

Name of Employer: Mountain States Neonatology, Inc. Occupation: Neonatologist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : **A1C0A2AB841A74EA0929**

Amount of Each Receipt this Period: **62.50**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1770.83
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 83
<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. Eric Leung MD
Full Name (Last, First, Middle Initial)

Mailing Address 1000 1st Avenue
1900

City Seattle State WA Zip Code 98104

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 28 / 2013
Transaction ID : ABD9D0CD5BFA54320934

Amount of Each Receipt this Period
200.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 15 / 2013
Transaction ID : A8CF525310F4A4E25A2F

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 1192 Skylark Drive

City Weston State FL Zip Code 33327

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A3AE422EF7117443CBD3

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 37 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

A. Christine A Lewandowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 537 N Cortez Drive
 City Margate State FL Zip Code 33068
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP Patient Accounts
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : A6104A84AFE3417DB9A
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

B. Thomas N Lewis MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1085 Woodruff Plantation Pkwy
 City Marietta State GA Zip Code 30067-9107
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: American Anesthesiology of Georgia, LL Occupation: Anesthesiologist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **250.00**

Date of Receipt: 02 / 16 / 2013
Transaction ID : A8CEA938311DB4CFB8A4
 Amount of Each Receipt this Period: 250.00

C. Beverly Gail Lim
 Full Name (Last, First, Middle Initial)
 Mailing Address 201 NE 4th Street
 City Boca Raton State FL Zip Code 33432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc. Occupation: VP Program Development
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **800.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : A2655414B82E14ACC8E5
 Amount of Each Receipt this Period: 400.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1650.00
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 83
	<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. William F Liu MD		Date of Receipt
Mailing Address 9009 Ligon Court		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Fort Myers	FL	33908
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Florida, In	Medical 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="350.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="325.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Vivian Lopez LopezBlanco		Date of Receipt
Mailing Address 290 West McIntrye		<input type="text" value="02"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Key Biscayne	FL	33149
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Mednax Services, Inc.	Chief Financial Officer	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="5000.00"/>	
		Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>

Full Name (Last, First, Middle Initial) C. Lisa A LowerySmith MD		Date of Receipt
Mailing Address 7821 Night Hawk Road		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chattanooga	TN	37421
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Tennessee,	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="1333.34"/>	
		Amount of Each Receipt this Period
		<input type="text" value="666.67"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5991.67"/>
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 39 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Wendy Luce MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2816 Jeanne Ct
 City Lewis Center State OH Zip Code 43035
 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 **300.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : A06A644233D684A69BE7
 Amount of Each Receipt this Period: 300.00
 Payroll Deduction

B. Mary Frances Lynch MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4109 Galt Ave
 City Ft Worth State TX Zip Code 76109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt: 02 / 28 / 2013
Transaction ID : A0DFFD5D2BF474797A49
 Amount of Each Receipt this Period: 2000.00
 Payroll Deduction

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

Date of Receipt: 02 / 28 / 2013
Transaction ID : A324DF4E766FD419785C
 Amount of Each Receipt this Period: 1500.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **3800.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 40 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1257 Ginger Circle

City Weston State FL Zip Code 33326

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **370.02**

Date of Receipt **02 / 15 / 2013**
Transaction ID : ADC700FDEB33940E4A3C

Amount of Each Receipt this Period **128.18**

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 ▼ **493.36**

Date of Receipt **02 / 28 / 2013**
Transaction ID : A75F37679F7E8454D83D

Amount of Each Receipt this Period **123.34**

Payroll Deduction

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

Mailing Address 11411 Carrollwood Drive

City Tampa State FL Zip Code 33618

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt **02 / 28 / 2013**
Transaction ID : A0ECEC7FEB0CB44EF9AA

Amount of Each Receipt this Period **5000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **5251.52**

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 41 OF 83
	<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 ▼ **499.86**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : AC861B447552A4923A69

Amount of Each Receipt this Period

166.62

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **666.48**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AD563913323464EB3B06

Amount of Each Receipt this Period

166.62

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **833.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A98DB66DB70734910808

Amount of Each Receipt this Period

416.67

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	749.91
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 42 OF 83
<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. 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 ▼ **833.34**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AAFFCD217D127453EB06

Amount of Each Receipt this Period
416.67

Payroll Deduction

B. John G McKay MD
Full Name (Last, First, Middle Initial)

Mailing Address 28 Highfield Court

City Greer	State SC	Zip Code 29650
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AB0D9F3A3D21D4FA486A

Amount of Each Receipt this Period
1500.00

Payroll Deduction

C. Sandra E Medel
Full Name (Last, First, Middle Initial)

Mailing Address 11403 SW 115 Lane

City Miami	State FL	Zip Code 33176
---------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Staff Counsel
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AB007ABBBFE134CD8A44

Amount of Each Receipt this Period
500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	2416.67
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 43 OF 83
	<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. Roger Medel MD
Full Name (Last, First, Middle Initial)

Mailing Address 3035 Sorrel Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A3E74720E5EBE40C3B31

Amount of Each Receipt this Period
5000.00

Payroll Deduction

B. Darryl Miao MD
Full Name (Last, First, Middle Initial)

Mailing Address 2417 Warner Rd

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AA5C2EE4D56924D50933

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

Mailing Address 2132 Wimberly Lane

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A620D59F7FFA54D748A1

Amount of Each Receipt this Period
2000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	7300.00
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 83
	<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. Hugh Miller MD
Full Name (Last, First, Middle Initial)

Mailing Address 7417 N Secret Canyon Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A1CB2FC523EBF4E8C96F

Amount of Each Receipt this Period

150.00

Payroll Deduction

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

Mailing Address 721 Edgefield Rd

City Fort Worth	State TX	Zip Code 76107
--------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A2949301DEB5B4F1FB15

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

Mailing Address 2006 Havemeyer Lane

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

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A9A6E4FC56D84487E9E0

Amount of Each Receipt this Period

2500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	2950.00
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 83
	<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. Stephen T Moffitt MD		Date of Receipt
Mailing Address 45 Adams Dr		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Belle Mead	NJ	08502
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, P.A.	Neonatologist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : A7974BFD6FC80494D8D3
		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) B. Khawar Mohsini MD		Date of Receipt
Mailing Address 9 Hunters Ridge Dr		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saginaw	MI	48609
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of Michigan, P	Corporate Medical Directr	
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"/>	
		Transaction ID : A12D3CA8017FB40A2B8E
		Amount of Each Receipt this Period
		<input type="text" value="200.00"/>
		Payroll Deduction

Full Name (Last, First, Middle Initial) C. Melissa Montague		Date of Receipt
Mailing Address 6525 Monument Avenue		<input type="text" value="02"/> / <input type="text" value="15"/> / <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"/>	
Name of Employer	Occupation	
Pediatrix Medical Group, Inc.	Director of Operations	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="285.00"/>	
		Transaction ID : AC58059FD4F574A6F8E3
		Amount of Each Receipt this Period
		<input type="text" value="95.00"/>
		Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1795.00"/>
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 46 OF 83
	<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. Melissa Montague
Full Name (Last, First, Middle Initial)

Mailing Address 6525 Monument Avenue

City Richmond State VA Zip Code 23226

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt: **02 / 28 / 2013**

Transaction ID : A85CC1FD9EA7B47E4880

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

Payroll Deduction

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

Mailing Address 550 SE Mizner Blvd B407

City Boca Raton State FL Zip Code 33432

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **02 / 12 / 2013**

Transaction ID : A55063E9A5F41419D803

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

Payroll Deduction

C. Recia Munoz
Full Name (Last, First, Middle Initial)

Mailing Address 668 Brandon Cove

City Ridgeland State SC Zip Code 29936

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

Name of Employer: Magella Medical Associates of Georgia, Occupation: NNP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt: **02 / 28 / 2013**

Transaction ID : A25AC2A428019497A947

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

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **895.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 1508 NE 27 Dr

City Wilton Manors	State FL	Zip Code 33334
-----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : A9BCB356076F942908CF

Amount of Each Receipt this Period

300.00

Payroll Deduction

B. Ronald A Naglie MD
Full Name (Last, First, Middle Initial)

Mailing Address 25135 Stageline Dr

City Laguna Hills	State CA	Zip Code 92653
----------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : A8C88352ABDCD471B8C8

Amount of Each Receipt this Period

150.00

Payroll Deduction

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

Mailing Address 1889 Honey Spring Pl

City Lexington	State KY	Zip Code 40502
-------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
02	/	28	/	2013

Transaction ID : AEDA44AC60986479F927

Amount of Each Receipt this Period

250.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 48 OF 83
	<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. Vijay Nama MD
Full Name (Last, First, Middle Initial)
Mailing Address 3101 Kennison Court

City Plano	State TX	Zip Code 75093
---------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **832.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A02FE1D70A9954253891

Amount of Each Receipt this Period

416.00

Payroll Deduction

B. Thomas G Nordstrom
Full Name (Last, First, Middle Initial)
Mailing Address 7910 W Upper Ridge Drive

City Parkland	State FL	Zip Code 33067
------------------	-------------	-------------------

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

Name of Employer Mednax Services, Inc.	Occupation Corporate Controller
---	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A157844B602714970893

Amount of Each Receipt this Period

1000.00

Payroll Deduction

C. Gerald A Nystrom MD
Full Name (Last, First, Middle Initial)
Mailing Address 6007 Club Oaks Drive

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

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 ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : AA91F0892E3A44F44850

Amount of Each Receipt this Period

300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1716.00
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 83
(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. Thomas P O'Brien MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 103 Ridgewood Rd
 City Baltimore State MD Zip Code 21210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix of Maryland, P.A. Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AB832673ADD37470DB50
 Amount of Each Receipt this Period
 5000.00
 Payroll Deduction

B. Elizabeth C O'Donnell MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3020 Duke
 City Houston State TX Zip Code 77005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Dir Practice Development
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 12 / 2013
Transaction ID : A36C3348980E34D1484E
 Amount of Each Receipt this Period
 500.00

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

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : AC1C975C277554EFCADC
 Amount of Each Receipt this Period
 125.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5625.00
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 83
	<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. Olufemi O Okanlami MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 51310 Shamrock Hills Dr
 City Granger State IN Zip Code 46530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Indiana, P.
 Occupation: Neonatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : A391E10692A6D49F9B22
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

B. Alan B Oliver
 Full Name (Last, First, Middle Initial)
 Mailing Address 130 Orion Circle
 City Jupiter State FL Zip Code 33477
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, Inc.
 Occupation: Regional President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : AFE188889967C40E69E8
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

C. Clayton J Olney DO
 Full Name (Last, First, Middle Initial)
 Mailing Address 4951 Cape Coral Drive
 City Dallas State TX Zip Code 75287
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc.
 Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : A12059170F6384FE6812
 Amount of Each Receipt this Period: 1000.00
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 51 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 4095 NW 24th Avenue

City Boca Raton State FL Zip Code 33431

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

Name of Employer Mednax Services, Inc. Occupation Dir Recruiting

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : A4FAA8CB04E7846D7A20

Amount of Each Receipt this Period
60.00

Payroll Deduction

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

Mailing Address 2110 Alahmbra Crcl

City Coral Gables State FL Zip Code 33134

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : A091908209C8D42CFBA1

Amount of Each Receipt this Period
150.00

Payroll Deduction

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

Mailing Address 3716 Oak Ridge Lane

City Weston State FL Zip Code 33331

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : AB746417790D245A5AFA

Amount of Each Receipt this Period
5000.00

Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 52 OF 83
<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. Lisa K Paider
Full Name (Last, First, Middle Initial)

Mailing Address 4837 NW 57th Lane

City Coral Springs State FL Zip Code 33067

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 14 / 2013

Transaction ID : ACA5FFE2151FD49FCA1F

Amount of Each Receipt this Period
 300.00

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

Mailing Address 1421 Beddington Park

City Nashville State TN Zip Code 37215

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

Name of Employer Pediatrix Medical Group of Tennessee, Occupation Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : ADF2AB76A8114FAF831

Amount of Each Receipt this Period
 1000.00

Payroll Deduction

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

Mailing Address 7193 Lake Island Dr

City Lake Worth State FL Zip Code 33467

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : AE10859036D21494AA21

Amount of Each Receipt this Period
 225.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1525.00
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 83
	<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. Hanoch Patt MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3005 Scenic Drive
 City Austin State TX Zip Code 78703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Corporate Medical Directr
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : A266C500BC535412B861
 Amount of Each Receipt this Period: 4718.75
 Payroll Deduction

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

Date of Receipt: 02 / 15 / 2013
Transaction ID : A617DB3926B3C4FD0B91
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

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

Date of Receipt: 02 / 28 / 2013
Transaction ID : A1BB0E673D47F426CBB3
 Amount of Each Receipt this Period: 208.33
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 5135.41
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (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 83
<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. John Pepia
Full Name (Last, First, Middle Initial)

Mailing Address 20160 Ocean Key Dr

City Boca Raton State FL Zip Code 33498

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **800.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : AF908F6D347C3442CBC1

Amount of Each Receipt this Period
400.00

Payroll Deduction

B. Carlos Perez MD
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 11913

City San Juan State PR Zip Code 00922-1913

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

Name of Employer Pediatrix Medical Group, S.P. Occupation Regional President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : AB6E537040B1D439490E

Amount of Each Receipt this Period
5000.00

Payroll Deduction

C. Jose A PerezDiaz
Full Name (Last, First, Middle Initial)

Mailing Address Cond Pine Grove Apt 44a

City Carolina State PR Zip Code 00979

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

Name of Employer Pediatrix Medical Group, S.P. Occupation Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
02 / 28 / 2013

Transaction ID : A93F35B1029A04DD7AC3

Amount of Each Receipt this Period
750.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	6150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 55 OF 83
	(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. Curtis B Pickert MD
Full Name (Last, First, Middle Initial)

Mailing Address 4386 Modoc Road

City Santa Barbara	State CA	Zip Code 93110
-----------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation Dir of Hosp Base Ped Srv
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	12	/	2013

Transaction ID : A4189777F516C419FA26

Amount of Each Receipt this Period
2500.00

B. Hector R Pierantoni MD
Full Name (Last, First, Middle Initial)

Mailing Address 6201 Newcastle

City Bellaire	State TX	Zip Code 77401
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	18	/	2013

Transaction ID : ADDDE08E06898406FA81

Amount of Each Receipt this Period
500.00

C. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City Stony Creek	State VA	Zip Code 23882
---------------------	-------------	-------------------

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

Name of Employer Pediatrix Medical Group, Inc.	Occupation RVP
---	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
267.81

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : A1FD2BDF90DC94977916

Amount of Each Receipt this Period
89.27

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	3089.27
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 56 OF 83
	<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. Arnold Poole
Full Name (Last, First, Middle Initial)

Mailing Address 12149 Huske Road

City State Zip Code
Stony Creek VA 23882

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

Name of Employer Occupation
Pediatrix Medical Group, Inc. RVP

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
446.34

Date of Receipt
02 / 28 / 2013
Transaction ID : ADD10791649354B4ABE6

Amount of Each Receipt this Period
178.53

Payroll Deduction

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

Mailing Address 1231 Vista Del Rio

City State Zip Code
San Antonio TX 78216

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
02 / 15 / 2013
Transaction ID : A995AE5A9AC654C0AB1F

Amount of Each Receipt this Period
100.00

Payroll Deduction

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

Mailing Address 1231 Vista Del Rio

City State Zip Code
San Antonio TX 78216

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

Name of Employer Occupation
Pediatrix Medical Services, Inc. Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A30EB72AA6AA54233B6E

Amount of Each Receipt this Period
100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 378.53

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 57 OF 83
<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. Richard Powers MD
Full Name (Last, First, Middle Initial)
Mailing Address 110 Gemini Ct
City Los Gatos State CA Zip Code 95032
FEC ID number of contributing federal political committee. **C**
Name of Employer: Pediatrix Medical Group of California, Occupation: Medical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **5000.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : AC7806B9AD872481C947
Amount of Each Receipt this Period: **4900.00**
Payroll Deduction

B. John L Prueitt MD
Full Name (Last, First, Middle Initial)
Mailing Address 8500 54th Ave NE
City Seattle State WA Zip Code 98115
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 **833.32**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A4F45C7EA92954E889F8
Amount of Each Receipt this Period: **416.66**
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 **350.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A233B9879643C4A829EA
Amount of Each Receipt this Period: **350.00**
Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **5666.66**
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 58 OF 83
<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. Edgar Jose Romero MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2603 Rosemary Ct
 City Pearlland State TX Zip Code 77584
 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: **02 / 28 / 2013**
Transaction ID : A23C71256701F4903B62
 Amount of Each Receipt this Period: **1500.00**
 Payroll Deduction

B. Linda Sacks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Wheeler Street
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Magella Medical Associates of Georgia, Occupation: Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt: **02 / 15 / 2013**
Transaction ID : AFA7DF520C7024B91B13
 Amount of Each Receipt this Period: **100.00**
 Payroll Deduction

c. Linda Sacks MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 406 Wheeler Street
 City Savannah State GA Zip Code 31405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Magella Medical Associates of Georgia, Occupation: Medical Director
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A7585BA90D4794701A51
 Amount of Each Receipt this Period: **100.00**
 Payroll Deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 59 OF 83
	<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. Walid Salhab MD
Full Name (Last, First, Middle Initial)
Mailing Address 4128 High Summit

City Dallas	State TX	Zip Code 75244
----------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A4437CE60084141B6824

Amount of Each Receipt this Period
300.00

Payroll Deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
261.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : A5DABB2B994AC42A687F

Amount of Each Receipt this Period
87.07

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 ▼
348.27

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A6A556B0EB6494DBFA50

Amount of Each Receipt this Period
87.07

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	474.14
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 60 OF 83
	<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. Debra Sansoucie		Date of Receipt
Mailing Address 3663 Whipoorwill Blvd		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Zip Code
Punta Gorda	FL	33950
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A7589E19E30DF494997E
Pediatrix Medical Group, Inc.	VP AdvPr Program	
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="750.00"/>	<input type="text" value="562.50"/>
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Jeffrey A Scheidlinger MD		Date of Receipt
Mailing Address 8400 Woodbranch Ct		<input type="text" value="02"/> / <input type="text" value="06"/> / <input type="text" value="2013"/>
City	State	Zip Code
McLean	VA	22102
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : A3F905E33F3564DE0930
American Anesthesiology of Virginia, P	Medical Director Anesth	
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="250.00"/>	<input type="text" value="250.00"/>
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Clair A Schwendeman MD		Date of Receipt
Mailing Address 17616 Ivy Hill Drive		<input type="text" value="02"/> / <input type="text" value="15"/> / <input type="text" value="2013"/>
City	State	Zip Code
Dallas	TX	75287
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	Transaction ID : AEFBF2A05B7E74BE6986
Pediatrix Medical Services, Inc.	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="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	<input type="text" value="100.00"/>
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="912.50"/>
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 61 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial) A. Clair A Schwendeman MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A303CD6FC3CA4404CACE
Mailing Address 17616 Ivy Hill Drive		Amount of Each Receipt this Period 2100.00
City Dallas	State TX	Zip Code 75287
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director NICU	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400.00	

Full Name (Last, First, Middle Initial) B. Kenneth Shaffer MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A605B5641D0BB41CFAC0
Mailing Address 1622 Resaca Blvd		Amount of Each Receipt this Period 5000.00
City Austin	State TX	Zip Code 78738
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Pediatrix Medical Services, Inc.	Occupation Medical Director Cardi	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) C. Donna E. Shalala		Date of Receipt MM / DD / YYYY 02 / 19 / 2013 Transaction ID : AB149E70B1A8542838B4
Mailing Address 11355 Four Fillies Rd		Amount of Each Receipt this Period 5000.00
City Miami	State FL	Zip Code 33156-4241
FEC ID number of contributing federal political committee. C		Payroll Deduction
Name of Employer Mednax, Inc	Occupation Board Of Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional).....▶	12100.00
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 83
	<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 A Silver MD
Full Name (Last, First, Middle Initial)

Mailing Address 701 Channing Circle
Nw

City State Zip Code
Concord NC 28027

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

Name of Employer Occupation
Pediatrix Medical Group of North Carol Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2013
Transaction ID : A8D7E926ADC19486B9B6

Amount of Each Receipt this Period
150.00

Payroll Deduction

B. Kultar Singh MD
Full Name (Last, First, Middle Initial)

Mailing Address 16060 Thornwood Drive

City State Zip Code
Fort Myers FL 33908

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2013
Transaction ID : A50C1E890CCFC40598E2

Amount of Each Receipt this Period
1000.00

Payroll Deduction

C. Janice K Smith
Full Name (Last, First, Middle Initial)

Mailing Address 9762 E Inglewood Circle

City State Zip Code
Mesa AZ 85207

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 28 / 2013
Transaction ID : AB1444BC686A046E1AB0

Amount of Each Receipt this Period
500.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 63 OF 83
	<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. Roy C Snodgrass		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A447CFCEE018B4BD587A
Mailing Address 3710 N 48th Place		Amount of Each Receipt this Period 600.00
City Phoenix	State AZ	Zip Code 85018
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Group, Inc.	Occupation Director of Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name (Last, First, Middle Initial) B. Brenda Sommer		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A6BA3C17651DF4581A89
Mailing Address 4871 Acorn Street		Amount of Each Receipt this Period 61.77
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 247.08	

Full Name (Last, First, Middle Initial) C. Laurie A Sosa		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A1FE2B510DFAE4326BF1
Mailing Address 2106 NW 166th Avenue		Amount of Each Receipt this Period 210.00
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional).....▶	871.77
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (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 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

Full Name (Last, First, Middle Initial)
A. Enrique Sosa

Mailing Address 430 Grand Bay Dr
Apt 1002

City Key Biscayne State FL Zip Code 33149-1940

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

Name of Employer Mednax, Inc Occupation Board Of Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 13 / 2013

Transaction ID : A3368CA948C5344F0BFD

Amount of Each Receipt this Period
5000.00

Full Name (Last, First, Middle Initial)
B. Leann Steinberg

Mailing Address 12020 N W 18 Street

City Plantation State FL Zip Code 33323

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

Name of Employer Mednax Services, Inc Occupation VP of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 12 / 2013

Transaction ID : AABC180DE4BBA4114AE1

Amount of Each Receipt this Period
1000.00

Full Name (Last, First, Middle Initial)
C. Craig Steiner MD

Mailing Address 4709 Camargo Court

City College Station State TX Zip Code 77845-4405

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013

Transaction ID : A1C52ABDDCFFF4EA089B

Amount of Each Receipt this Period
125.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 6125.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 65 OF 83
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. 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 ▼
450.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 15 / 2013
Transaction ID : AB4BEB236FCC6420FB77

Amount of Each Receipt this Period
150.00

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
--------------------	-------------	-------------------

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 ▼
600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A9998B431D0CD4ED0B78

Amount of Each Receipt this Period
150.00

Payroll Deduction

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

Mailing Address 5190 Olive Court

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 28 / 2013
Transaction ID : A06B7F6F5B79249FC8DF

Amount of Each Receipt this Period
300.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 66 OF 83
<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. Jeffrey W Stolz MD
Full Name (Last, First, Middle Initial)

Mailing Address 13249 7th Ave Nw

City Seattle State WA Zip Code 98177

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

Name of Employer Occupation
Pediatrix Medical Group of Washington, Neonatologist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A48FFF597399C4E7AB78

Amount of Each Receipt this Period
400.00

Payroll Deduction

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

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer Occupation
Mednax Services, Inc. Dir Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
02 / 15 / 2013
Transaction ID : A52B11DE314C84B24A84

Amount of Each Receipt this Period
85.00

Payroll Deduction

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

Mailing Address 6541 Ne 20 Terrace

City Ft Lauderdale State FL Zip Code 33308

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

Name of Employer Occupation
Mednax Services, Inc. Dir Marketing

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
340.00

Date of Receipt
02 / 28 / 2013
Transaction ID : AC6B0155713994742879

Amount of Each Receipt this Period
85.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	570.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 67 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Susan L SwardComunelli MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 6003 Driftwood Ct
 City Arlington State TX Zip Code 76016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Services, Inc. Neonatologist
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 02 / 28 / 2013
Transaction ID : AB6047A3EBB3B4E24B46
 Amount of Each Receipt this Period
 300.00
 Payroll Deduction

B. Terrence J Sweeney MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 727 17th Avenue East
 City Seattle State WA Zip Code 98112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group of Washington, Medical Director NICU
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 280.00

Date of Receipt
 02 / 28 / 2013
Transaction ID : A0FD6F327FCBA4B36B51
 Amount of Each Receipt this Period
 140.00
 Payroll Deduction

C. James D Swift MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 3750 Las Vegas Blvd Unit 2703
 City Las Vegas State NV Zip Code 89109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Pediatrix Medical Group, Inc. Regional President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 02 / 07 / 2013
Transaction ID : A029D384CB8324C6EB38
 Amount of Each Receipt this Period
 5000.00

SUBTOTAL of Receipts This Page (optional).....	5440.00
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 83
	<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. Bannie Lee Tabor MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 5020 Still Meadow Drive
 City Ft Worth State TX Zip Code 76132
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Services, Inc. Occupation: Medical Director PERI
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : AEDAE824EC48B4A71BC3
 Amount of Each Receipt this Period: **200.00**
 Payroll Deduction

B. Kenneth I Tan MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 15680 Shannon Hts Rd
 City Los Gatos State CA Zip Code 95032
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of California, Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500.00**

Date of Receipt: **02 / 14 / 2013**
Transaction ID : A8431AD5474F241B9B11
 Amount of Each Receipt this Period: **1500.00**

C. Sandy Tarant MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2710 Aylesford Drive
 City Midlothian State VA Zip Code 23113
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group, P.C. Occupation: Neonatologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **800.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A005ED1FE0F184DED966
 Amount of Each Receipt this Period: **400.00**
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **2100.00**
TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 69 OF 83
	<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. Harris Thompson		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : A200D22F4D0B94CA7AA1
Mailing Address 7643 NW 122nd Drive		Amount of Each Receipt this Period 166.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 498.00	

Full Name (Last, First, Middle Initial) B. Harris Thompson		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : AFE2091A8D46146B08DD
Mailing Address 7643 NW 122nd Drive		Amount of Each Receipt this Period 166.00
City Parkland	State FL	Zip Code 33076
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation VP Business Development
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 664.00	

Full Name (Last, First, Middle Initial) C. Scott Tisdell MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A762C2446A07D45B99D6
Mailing Address 1420 Crownhill DR		Amount of Each Receipt this Period 227.27
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 454.54	

SUBTOTAL of Receipts This Page (optional).....▶	559.27
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 70 OF 83
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 5459 S Krameria St

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : A5D6555223DAD4BDB9EC

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

Payroll Deduction

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

Mailing Address 5450 Autumn Court

City Greenwood Village State CO Zip Code 80111

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : AA46C962D44D54096A76

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

Payroll Deduction

C. Wendy Troyer MD
Full Name (Last, First, Middle Initial)

Mailing Address 1274 Redfield Ridge

City Atlanta State GA Zip Code 30338

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

Name of Employer: Neonatology Associates of Atlanta, P.C
Occupation: Corporate Medical Directr

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt: **02 / 28 / 2013**
Transaction ID : AC740875204BB4650B27

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

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 71 OF 83
	<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. Richard Turner DO
Full Name (Last, First, Middle Initial)

Mailing Address 220 Quail Meadows Lane
City Arlington State TX Zip Code 76002

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

Name of Employer: Pediatrix Medical Services, Inc.
Occupation: Pediatric Hospitalist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 28 / 2013
Transaction ID : A14F4FFC155D44CAE934

Amount of Each Receipt this Period
5000.00

Payroll Deduction

B. Gary A Twiggs MD
Full Name (Last, First, Middle Initial)

Mailing Address 24761 Judi Court Ste 4000
City Laguna Niguel State CA Zip Code 92677

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
833.34

Date of Receipt
02 / 28 / 2013
Transaction ID : A9ED53FE5DE7746C0A44

Amount of Each Receipt this Period
416.67

Payroll Deduction

C. Philip Vaughn MD
Full Name (Last, First, Middle Initial)

Mailing Address 11558 Morning Grove Dr
City Las Vegas State NV Zip Code 89135-1531

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

Name of Employer: Pokroy Medical Group Of Nv
Occupation: Director of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
02 / 08 / 2013
Transaction ID : ABA422991C1BA47EE84D

Amount of Each Receipt this Period
2000.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 7416.67

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 72 OF 83
	<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. Martin P Walker MD		Date of Receipt
Mailing Address 7960 Simonds Road NE		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A0243963D63E64EFE907
Kenmore	WA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="125.00"/>
98028		Payroll Deduction
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Obstetrix Medical Group of Washington,	Practice Med DirPERI	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Marshall W Walker MD		Date of Receipt
Mailing Address 53 Forest Lane		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Transaction ID : AAC4C543C09A14FB8B3B
Greenville	SC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="250.00"/>
29605		Payroll Deduction
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Pediatrix Medical Group of South Carol	Medical Director NICU	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Michele M Wallace		Date of Receipt
Mailing Address 10080 Nw 10th St		<input type="text" value="02"/> / <input type="text" value="28"/> / <input type="text" value="2013"/>
City	State	Transaction ID : A57F39B7CB6B84D8B854
Plantation	FL	Amount of Each Receipt this Period
Zip Code		<input type="text" value="220.00"/>
33322		Payroll Deduction
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="280.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="595.00"/>
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 73 OF 83
<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. Brian Walsh		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : A1C6803AA7EC7405DB52
Mailing Address 3441 NW 18 Street		Amount of Each Receipt this Period 2500.00
City Miami	State FL	Zip Code 33125
FEC ID number of contributing federal political committee. C	Name of Employer Mednax Services, Inc.	Occupation Associate General Counsel
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) B. Mary Wearden MD		Date of Receipt MM / DD / YYYY 02 / 15 / 2013 Transaction ID : A5B061CE94168434BABB
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	
Payroll Deduction		

Full Name (Last, First, Middle Initial) C. Mary Wearden MD		Date of Receipt MM / DD / YYYY 02 / 28 / 2013 Transaction ID : ACAC483B92FB6491CA93
Mailing Address 22535 Lynridge		Amount of Each Receipt this Period 200.00
City San Antonio	State TX	Zip Code 78258
FEC ID number of contributing federal political committee. C	Name of Employer Pediatrix Medical Services, Inc.	Occupation Neonatologist
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	
Payroll Deduction		

SUBTOTAL of Receipts This Page (optional).....▶	2900.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 74 OF 83
	<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. Gilbert W Webb MD
Full Name (Last, First, Middle Initial)

Mailing Address 2208 Joyceridge Court

City	State	Zip Code
Chesterfield	MO	63017

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A71DC60D938384B72A52

Amount of Each Receipt this Period

300.00

Payroll Deduction

B. Richard Weissmark
Full Name (Last, First, Middle Initial)

Mailing Address 3314 Oak Drive

City	State	Zip Code
Hollywood	FL	33021

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

Name of Employer	Occupation
Mednax Services, Inc.	Manager Information Mgt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	28	/	2013

Transaction ID : A531F1FD1CCE44B7BA7A

Amount of Each Receipt this Period

300.00

Payroll Deduction

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

Mailing Address 4824 Studbury Hall Ct

City	State	Zip Code
Wake Forest	NC	27587

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

Name of Employer	Occupation
Critical Health Systems, Inc.	VP Revenue Cycle Mgmt

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	15	/	2013

Transaction ID : ACC302551411C4C66BF2

Amount of Each Receipt this Period

100.00

Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....▶	700.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 75 OF 83
<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. 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 ▼ **400.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : A931B369E3B284D0C8D0

Amount of Each Receipt this Period **100.00**

Payroll Deduction

B. Lewis Woodell
Full Name (Last, First, Middle Initial)

Mailing Address 232 NE 30th St

City Wilton Manors State FL Zip Code 33334

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

Name of Employer American Anesthesiology, Inc. Occupation Reg Dir Revenue Cycle Mgm

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **02 / 28 / 2013**

Transaction ID : A6DB756B29F7C48CAA1C

Amount of Each Receipt this Period **300.00**

Payroll Deduction

C. Lance Wyble MD
Full Name (Last, First, Middle Initial)

Mailing Address 15705 Rutledge Place

City Tampa State FL Zip Code 33647

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **02 / 14 / 2013**

Transaction ID : AFA0D7EB385EE4F3FAB6

Amount of Each Receipt this Period **1000.00**

Payroll Deduction

SUBTOTAL of Receipts This Page (optional)..... **1400.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 76 OF 83
<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. Catherine J Yeagley MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 4180 Providence Lane
 City Tucker State GA Zip Code 30084
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Georgia, P.
 Occupation: Perinatologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt: 02 / 09 / 2013
Transaction ID : A94C091977B4145268E4
 Amount of Each Receipt this Period: 750.00
 Payroll Deduction

B. 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 ▼ 400.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : AB64FEF42B04A4DAFA5D
 Amount of Each Receipt this Period: 200.00
 Payroll Deduction

C. Terrance J Zuerlein MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 21 Fontenay Circle
 City Little Rock State AR Zip Code 72223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: Pediatrix Medical Group of Arkansas, P
 Occupation: Medical Director NICU
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 02 / 28 / 2013
Transaction ID : ACABDB1250AB448A0A26
 Amount of Each Receipt this Period: 250.00
 Payroll Deduction

SUBTOTAL of Receipts This Page (optional).....	1200.00
TOTAL This Period (last page this line number only).....	253563.50

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

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

FOR LINE NUMBER: PAGE 77 OF 83
(check only one)

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

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

A. 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 ▼ 350.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 19 / 2013
Transaction ID : ABB2A66C62A6C452AB54
Amount of Each Receipt this Period 47.04
Reimbursement of 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).....▶	47.04
TOTAL This Period (last page this line number only).....▶	47.04

**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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY
02 / 15 / 2013

Transaction ID : BAAF541FB3A064E58957

Amount of Each Disbursement this Period: 49.12

Category/Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 49.12

TOTAL This Period (last page this line number only)..... ▶ 49.12

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Andy Harris For Congress

Mailing Address PO Box 1527

City Annapolis State MD Zip Code 21404

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Rep. Andy Harris

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : B0986752290A147B19EF

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Bluegrass Committee

Mailing Address 400 N Capitol St NW #585
#585

City Washington State DC Zip Code 20001

Purpose of Disbursement
2013 Political Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Other2013

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 04 / 2013

Transaction ID : B30AA42AF79264A119D9

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends Of Jeb Hensarling

Mailing Address PO Box 820504

City Dallas State TX Zip Code 75382

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name

Rep. Jeb Hensarling

Office Sought: House
 Senate
 President
State: TX District: 05

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 15 / 2013

Transaction ID : B663ADB5AD1D94FEAB33

Amount of Each Disbursement this Period

1000.00

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 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. GEORGE HOLDING FOR CONGRESS

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement
Political Contribution - Primary 2014

Candidate Name
George E Holding

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NC District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2013

Transaction ID : B1DFDF976034942DCA90

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Hagan For U.S. Senate Inc.

Mailing Address P.O. Box 29103

City Greensboro State NC Zip Code 27429

Purpose of Disbursement
Political Contribution -General 2014

Candidate Name
Sen. Kay R. Hagan

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2013

Transaction ID : B4B10518B239546D383E

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. Heartland Values PAC

Mailing Address PO Box 505

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement
2013 Political Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: District: Other2013

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	04	/	2013

Transaction ID : B7EA34EBFFE674229B16

Amount of Each Disbursement this Period

1000.00

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

4000.00

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

--

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Jim Gerlach For Congress Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2013

Mailing Address PO Box 87

Transaction ID : B91BE59C018724718991

City Uwchland State PA Zip Code 19480

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution - Primary 2014

Category/ Type

Candidate Name

Rep. Jim Gerlach

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 06

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		14		2013

Mailing Address PO BOX 12667

Transaction ID : BAA7FD74C985C49D7839

City BAKERSFIELD State CA Zip Code 93389

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Political Contribution - Primary 2014

Category/ Type

Candidate Name

Rep. Kevin McCarthy

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 22

Full Name (Last, First, Middle Initial)

C. LISA MURKOWSKI FOR US SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		04		2013

Mailing Address PO BOX 100847

Transaction ID : B187E465F1B7946FE863

City ANCHORAGE State AK Zip Code 99510

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
Political Contribution - Primary 2016

Category/ Type

Candidate Name

Sen. Lisa Murkowski

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: AK District:

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

4500.00

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 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. National Republican Senatorial Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		04		2013

Mailing Address 425 Second Street NE

Transaction ID : BCC2BC57C0BD64825BF0

City Washington State DC Zip Code 20002

Amount of Each Disbursement this Period

15000.00

Purpose of Disbursement
2013 Political Contribution

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Other2013

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

Amount of Each Disbursement this Period

--

City State Zip Code

Purpose of Disbursement

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

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

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

15000.00

28000.00

**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. Carol Alvarado Campaign

Mailing Address PO Box 230842

City Houston State TX Zip Code 77223

Purpose of Disbursement
Political Contribution - Primary 2013

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2013
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
02 / 20 / 2013

Transaction ID : **BD5DA9FE9ED7347A4878**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Justice for All NC

Mailing Address 9660 Falss of Neuse Road
Suite 138

City Raleigh State NC Zip Code 27615-2435

Purpose of Disbursement
Political Contribution

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 Y Y
02 / 15 / 2013

Transaction ID : **BFCE428020EE34899844**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / 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)..... ▶

5000.00

5000.00