

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) MEDNAX, INC FEDERAL PAC Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) 1301 CONCORD TERRACE 954-384-0175 X5153
 E-Mail Address KAREN-WITTE@PEDIATRIX.COM Telephone No. _____

Select Appropriate Box(es) CANDIDATE PAC POL PRTY IND EXP NONPROFIT CORP 26589
 LEGAL DEFENSE FUND AMENDED LOCAL BAG

- Annual Filing - Due January 15, 2010
Period: January 1, 2009 - December 31, 2009
- Report #1 - Due June 1, 2010*
Period: Jan. 1, 2010 - May 27, 2010
- Report #2 Due - October 26, 2010*
Period: May 28, 2010 - Oct. 21, 2010
- Report #3 Due - January 15, 2011**
Period: Oct. 22, 2010 - Dec. 31, 2010
- Annual Filing - Due January 15, 2011
Period: January 1, 2010 - December 31, 2010



* These Reports are filed by incumbents/candidates in the 2010 election cycle
 ** Third Report suffices for 2011 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100 (See page 1 of instruction sheet)	\$ 1,000	\$ 1,000
2. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)	-	-
3. Total Monetary Contributions in the form of loans that were forgiven (See page 2 of instruction sheet)	-	-

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
4. Total Amount of Monetary Contributions Received (Add Lines 1 through 3) (See page 2 of instruction sheet)	\$ 1,000	\$ 1,000
5. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind)) (See page 2 of instruction sheet)	-	-
6. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	-	-

EXPENSES SUMMARY

7. Total Monetary Expenses Paid in Excess of \$100 (See page 2 of instruction sheet)	\$ 1,000	\$ 1,000
8. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)	-	-

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Karen D. Witt Date 12/30/10

MEDNAX, INC FEDERAL PAC
 Name (print) Office (if applicable) District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

