

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
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 7490 New Technology Way
Check if different than previously reported. (ACC) Frederick MD 21703

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00416305 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 04 01 2014 through 06 30 2014

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 Dr. Jeremy Roth

Signature of Treasurer Dr. Jeremy Roth [Electronically Filed] Date 08 14 2014

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

FIRST COLONIES ANESTHESIA ASSOCIATES LLC 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="2014"/>		<input type="text" value="111353.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="115380.69"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="13950.00"/>	<input type="text" value="23325.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="129330.69"/>	<input type="text" value="134678.40"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="18804.60"/>	<input type="text" value="24152.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="110526.09"/>	<input type="text" value="110526.09"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC 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).....	5950.00	5850.00
(ii) Unitemized	8000.00	17475.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13950.00	23325.00
(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)	13950.00	23325.00
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).....	0.00	0.00
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))..... ▶	13950.00	23325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13950.00	23325.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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.....	2859.60	8207.31
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2859.60	8207.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
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	15445.00	15445.00
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)) ..	18804.60	24152.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15945.00	15945.00

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)	13950.00	23325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13950.00	23325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Hasan Abed
Full Name (Last, First, Middle Initial)

Mailing Address 15 Waterbird Court

City Cockeyville State MD Zip Code 21030

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8682

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Marc Azran
Full Name (Last, First, Middle Initial)

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8649

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Maksim Barkinskiy
Full Name (Last, First, Middle Initial)

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8643

Amount of Each Receipt this Period
 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

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

FOR LINE NUMBER: PAGE 7 OF 52
(check only one)

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

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Marc Beck
Full Name (Last, First, Middle Initial)
Mailing Address 16 Norris Run Court

City Reisterstown	State MD	Zip Code 21136
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8666

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Jeffrey Briggs
Full Name (Last, First, Middle Initial)
Mailing Address 14952 Finegan Farm Rd.

City Germantown	State MD	Zip Code 20874
--------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8622

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. John Bunker
Full Name (Last, First, Middle Initial)
Mailing Address 15229 National Pike

City Hagerstown	State MD	Zip Code 21740
--------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8695

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Donald Charney
Full Name (Last, First, Middle Initial)
Mailing Address 3707 Meadowhill Court

City Phoenix	State MD	Zip Code 21131
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8667

Amount of Each Receipt this Period

50.00

Payroll deduction

B. Dr. Satyam Chary
Full Name (Last, First, Middle Initial)
Mailing Address 9 Alterwood Lane

City Owings Mill	State MD	Zip Code 21117
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8668

Amount of Each Receipt this Period

50.00

Payroll deduction

C. Dr. Thomas Chau
Full Name (Last, First, Middle Initial)
Mailing Address 7204 Loch Edin Court

City Potomac	State MD	Zip Code 20854
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8623

Amount of Each Receipt this Period

50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)

Mailing Address 12808 Spring Drive

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8642

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Dr. Edward Chen
Full Name (Last, First, Middle Initial)

Mailing Address 10209 Fleming Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8624

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 13771 Lambertina Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8625

Amount of Each Receipt this Period 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Charles Ciolino
 Full Name (Last, First, Middle Initial)
 Mailing Address 11008 South Glen Road
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8644
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Lincoln Coore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11546 Fox River Road
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 25 / 2014**
Transaction ID : SA11AI.8492
 Amount of Each Receipt this Period **75.00**
 Payroll deduction

C. Dr. Lincoln Coore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11546 Fox River Road
 City Ellicott City State MD Zip Code 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 23 / 2014**
Transaction ID : SA11AI.8585
 Amount of Each Receipt this Period **75.00**
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Lincoln Coore
Full Name (Last, First, Middle Initial)

Mailing Address 11546 Fox River Road

City Ellicott City State MD Zip Code 21042

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : SA11AI.8676

Amount of Each Receipt this Period **75.00**

Payroll deduction

B. Dr. Melvin Coursey
Full Name (Last, First, Middle Initial)

Mailing Address 18720 Shremor Drive

City Derwood State MD Zip Code 20855

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : SA11AI.8626

Amount of Each Receipt this Period **50.00**

Payroll deduction

C. Dr. Lauren Deloach
Full Name (Last, First, Middle Initial)

Mailing Address 15114 Pepperridge Drive

City Bowie State MD Zip Code 20721

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : SA11AI.8686

Amount of Each Receipt this Period **50.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... **175.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Ali Emamhosseini
 Full Name (Last, First, Middle Initial)
 Mailing Address 8370 Greensboro Drive
 Apt #208
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8648
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Todd Epstein
 Full Name (Last, First, Middle Initial)
 Mailing Address 11305 Struttman Terrace
 City North Bethesda State MD Zip Code 20852
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8654
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Richard Evans
 Full Name (Last, First, Middle Initial)
 Mailing Address 6436 West Langley Lane
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8647
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Tamara Gabrielli
Full Name (Last, First, Middle Initial)

Mailing Address 504 Reserve Champion Drive

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8698

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Thomas Gambon
Full Name (Last, First, Middle Initial)

Mailing Address 7700 Charleston Dr.

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8709

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Steven Grube
Full Name (Last, First, Middle Initial)

Mailing Address 13895 Foxtower Road

City State Zip Code
Thurmont MD 21788

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2014
Transaction ID : SA11AI.8699

Amount of Each Receipt this Period
50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Keith Hairston
Full Name (Last, First, Middle Initial)

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8671

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Shelly Hairston
Full Name (Last, First, Middle Initial)

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8694

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. John Hanna
Full Name (Last, First, Middle Initial)

Mailing Address 9310 Leigh Mill Ct.

City Great Falls State VA Zip Code 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8655

Amount of Each Receipt this Period
 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Glen Hessinger
Full Name (Last, First, Middle Initial)

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8672

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Jean-Max Hogarth
Full Name (Last, First, Middle Initial)

Mailing Address 1614 Randallwood Court

City Jarrettsville State MD Zip Code 21084

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8673

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Nashwa Holt
Full Name (Last, First, Middle Initial)

Mailing Address 5508 Oak Place

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8652

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 16 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Sung Hong
 Full Name (Last, First, Middle Initial)
 Mailing Address 8525 Huntspring Drive
 City Lutherville State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8675
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Steven Hopper
 Full Name (Last, First, Middle Initial)
 Mailing Address 4550 N. Park Avenue #101
 City Chevy Chase State MD Zip Code 20815
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8656
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Stuart Hough
 Full Name (Last, First, Middle Initial)
 Mailing Address 9110 Travener Circle
 City Frederick State MD Zip Code 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 25 / 2014
Transaction ID : SA11AI.8440
 Amount of Each Receipt this Period 75.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 17 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Stuart Hough
 Full Name (Last, First, Middle Initial)
 Mailing Address 9110 Travener Circle
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 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
 05 / 23 / 2014
Transaction ID : SA11AI.8536
 Amount of Each Receipt this Period
 75.00
 Payroll deduction

B. Dr. Stuart Hough
 Full Name (Last, First, Middle Initial)
 Mailing Address 9110 Travener Circle
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11AI.8627
 Amount of Each Receipt this Period
 75.00
 Payroll deduction

C. Leo Hsiao
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Washington Ave
 Apt. #1217
 City State Zip Code
 Towson MD 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 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
 06 / 25 / 2014
Transaction ID : SA11AI.8683
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Sean Isaac
Full Name (Last, First, Middle Initial)

Mailing Address 7 Starlight Farm Drive

City Phoenix State MD Zip Code 21131

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8681

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8700

Amount of Each Receipt this Period 50.00

Payroll deduction

C. Dr. James Kaufman
Full Name (Last, First, Middle Initial)

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8657

Amount of Each Receipt this Period 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 19 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Cynthia Kenol
Full Name (Last, First, Middle Initial)

Mailing Address 6579 Prestwick Drive

City Highland	State MD	Zip Code 20777
------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8628

Amount of Each Receipt this Period

50.00

Payroll deduction

B. HaengShik Kim
Full Name (Last, First, Middle Initial)

Mailing Address 11429 Twining Lane

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8645

Amount of Each Receipt this Period

50.00

Payroll deduction

C. James Kim
Full Name (Last, First, Middle Initial)

Mailing Address 4808 Moorland Lane
Apt. #803

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8651

Amount of Each Receipt this Period

50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Richard Ko
Full Name (Last, First, Middle Initial)

Mailing Address 6795 Stockwell Manor Drive

City Falls Church	State VA	Zip Code 22043
----------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8630

Amount of Each Receipt this Period

50.00

Payroll deduction

B. Dr. Harkisan Laheri
Full Name (Last, First, Middle Initial)

Mailing Address 11722 Split Tree Circle

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8631

Amount of Each Receipt this Period

50.00

Payroll deduction

C. Dr. Kathleen Leavitt
Full Name (Last, First, Middle Initial)

Mailing Address 3467 North Venice Street

City Arlington	State VA	Zip Code 22207
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FEC ID number of contributing federal political committee. **C**

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8658

Amount of Each Receipt this Period

50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Zakiya Lockhart
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Polished Pebble Way

City Laurel State MD Zip Code 20723

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **05 / 23 / 2014**

Transaction ID : SA11AI.8563

Amount of Each Receipt this Period **75.00**

Payroll deduction

B. Zakiya Lockhart
Full Name (Last, First, Middle Initial)

Mailing Address 8750 Polished Pebble Way

City Laurel State MD Zip Code 20723

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : SA11AI.8653

Amount of Each Receipt this Period **75.00**

Payroll deduction

C. Dr. Thomas Malone
Full Name (Last, First, Middle Initial)

Mailing Address 11667 Fairmont Place

City Ijamsville State MD Zip Code 21754

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.8517

Amount of Each Receipt this Period **75.00**

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Thomas Malone
Full Name (Last, First, Middle Initial)
Mailing Address 11667 Fairmont Place

City Ijamsville	State MD	Zip Code 21754
--------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
05	/	23	/	2014

Transaction ID : SA11AI.8609

Amount of Each Receipt this Period

75.00

Payroll deduction

B. Dr. Thomas Malone
Full Name (Last, First, Middle Initial)
Mailing Address 11667 Fairmont Place

City Ijamsville	State MD	Zip Code 21754
--------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	25	/	2014

Transaction ID : SA11AI.8701

Amount of Each Receipt this Period

75.00

Payroll deduction

C. Dr. Mollyann March
Full Name (Last, First, Middle Initial)
Mailing Address 6504 Greentree Road

City Bethesda	State MD	Zip Code 20817
------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.8474

Amount of Each Receipt this Period

75.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Mollyann March
Full Name (Last, First, Middle Initial)

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 05 / 23 / 2014

Transaction ID : SA11AI.8569

Amount of Each Receipt this Period 75.00

Payroll deduction

B. Dr. Mollyann March
Full Name (Last, First, Middle Initial)

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2014

Transaction ID : SA11AI.8659

Amount of Each Receipt this Period 75.00

Payroll deduction

c. Omid Moayed
Full Name (Last, First, Middle Initial)

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014

Transaction ID : SA11AI.8641

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 OF 52 (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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Danielle Mossman
Full Name (Last, First, Middle Initial)

Mailing Address 3709 Falling Green Way

City Mt. Airy	State MD	Zip Code 21771
------------------	-------------	-------------------

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
06	/	25	/	2014

Transaction ID : SA11AI.8697

Amount of Each Receipt this Period

50.00

Payroll deduction

B. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

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

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SA11AI.8526

Amount of Each Receipt this Period

75.00

Payroll deduction

C. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

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

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

Name of Employer First Colonies Anesthesia	Occupation Physician
---	-------------------------

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
05	/	23	/	2014

Transaction ID : SA11AI.8617

Amount of Each Receipt this Period

75.00

Payroll deduction

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt **06 / 25 / 2014**

Transaction ID : SA11AI.8710

Amount of Each Receipt this Period **75.00**

Payroll deduction

B. Dr. Anna Noriega-Nalls
Full Name (Last, First, Middle Initial)

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **04 / 25 / 2014**

Transaction ID : SA11AI.8444

Amount of Each Receipt this Period **100.00**

Payroll deduction

C. Dr. Anna Noriega-Nalls
Full Name (Last, First, Middle Initial)

Mailing Address 603 Queen Street #4

City Alexandria State VA Zip Code 22314

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt **05 / 23 / 2014**

Transaction ID : SA11AI.8540

Amount of Each Receipt this Period **100.00**

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ **275.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Denis O'Fallon
Full Name (Last, First, Middle Initial)

Mailing Address 12123 Merricks Court

City Monrovia State MD Zip Code 21770

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8702

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Philip Owens
Full Name (Last, First, Middle Initial)

Mailing Address 141 Adams Street, NW

City Washington State DC Zip Code 20001

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8632

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)

Mailing Address 10720 Dern Road

City Emmitsburg State MD Zip Code 21727

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8711

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 27 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

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

Mailing Address 510 Golden Oak Terrace

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2014
Transaction ID : SA11AI.8633

Amount of Each Receipt this Period
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)
B. Dr. Kestutis Pauliukonis

Mailing Address 1813 Solitaire Lane

City State Zip Code
McLean VA 22101

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
06 / 25 / 2014
Transaction ID : SA11AI.8634

Amount of Each Receipt this Period
50.00

Payroll deduction

Full Name (Last, First, Middle Initial)
C. Dr. Michael Peck

Mailing Address 4 Farm Haven Court

City State Zip Code
Rockville MD 20852

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt
MM / DD / YYYY
04 / 25 / 2014
Transaction ID : SA11AI.8475

Amount of Each Receipt this Period
75.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Dr. Michael Peck		Date of Receipt MM / DD / YYYY 05 / 23 / 2014 Transaction ID : SA11AI.8570
Mailing Address 4 Farm Haven Court		Amount of Each Receipt this Period 75.00
City Rockville	State MD	Zip Code 20852
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
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) B. Dr. Michael Peck		Date of Receipt MM / DD / YYYY 06 / 25 / 2014 Transaction ID : SA11AI.8660
Mailing Address 4 Farm Haven Court		Amount of Each Receipt this Period 75.00
City Rockville	State MD	Zip Code 20852
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

Full Name (Last, First, Middle Initial) C. Dr. Ramani Peruvemba		Date of Receipt MM / DD / YYYY 06 / 25 / 2014 Transaction ID : SA11AI.8635
Mailing Address 8302 Fox Haven Drive		Amount of Each Receipt this Period 50.00
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C	Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Eugen Pirovic
 Full Name (Last, First, Middle Initial)
 Mailing Address 3912 Calverton Drive
 City Hyattsville State MD Zip Code 20782
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8665
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Naeem Poursharif
 Full Name (Last, First, Middle Initial)
 Mailing Address 9506 Edgeley Rd
 City Bethesda State MD Zip Code 20814
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8650
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. Jeffrey Richman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6906 Granite Ridge Ct.
 City Baltimore State MD Zip Code 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8680
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Charles Rizzuto
Full Name (Last, First, Middle Initial)

Mailing Address 6409 Pinehurst Road

City	State	Zip Code
Baltimore	MD	21212

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

Name of Employer	Occupation
First Colonis Anesthesia	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		25		2014

Transaction ID : SA11AI.8677

Amount of Each Receipt this Period

250.00

Payroll deduction

B. James A Rothschild
Full Name (Last, First, Middle Initial)

Mailing Address 205 Woodlawn Road

City	State	Zip Code
Baltimore	MD	21210

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		25		2014

Transaction ID : SA11AI.8500

Amount of Each Receipt this Period

100.00

Payroll deduction

C. James A Rothschild
Full Name (Last, First, Middle Initial)

Mailing Address 205 Woodlawn Road

City	State	Zip Code
Baltimore	MD	21210

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
05		23		2014

Transaction ID : SA11AI.8593

Amount of Each Receipt this Period

100.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. James A Rothschild
Full Name (Last, First, Middle Initial)

Mailing Address 205 Woodlawn Road

City Baltimore State MD Zip Code 21210

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8684

Amount of Each Receipt this Period
100.00

Payroll deduction

B. Leudvig Sardarian
Full Name (Last, First, Middle Initial)

Mailing Address 11601 Brandy Hall Lane

City North Potomac State MD Zip Code 20878

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8714

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Suzanne Scattergood
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City Rockville State MD Zip Code 20853

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2014
Transaction ID : SA11AI.8520

Amount of Each Receipt this Period
100.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Suzanne Scattergood
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City	State	Zip Code
Rockville	MD	20853

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **400.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	23	/	2014

Transaction ID : SA11AI.8611

Amount of Each Receipt this Period

100.00

Payroll deduction

B. Dr. Suzanne Scattergood
Full Name (Last, First, Middle Initial)

Mailing Address 14700 Crossway Road

City	State	Zip Code
Rockville	MD	20853

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

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
06	/	25	/	2014

Transaction ID : SA11AI.8703

Amount of Each Receipt this Period

100.00

Payroll deduction

C. Dr. Mark Seymour
Full Name (Last, First, Middle Initial)

Mailing Address 2932 Thurston Rd.

City	State	Zip Code
Frederick	MD	21704

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

Name of Employer	Occupation
First Colonies Anesthesia	Physician

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
06	/	25	/	2014

Transaction ID : SA11AI.8704

Amount of Each Receipt this Period

50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Nader Soliman
Full Name (Last, First, Middle Initial)

Mailing Address 22905 David Mill Road

City Germantown State MD Zip Code 20876

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8636

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 6 Beall Spring Court

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8661

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Lisa Sullivan
Full Name (Last, First, Middle Initial)

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8705

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 34 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

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

Mailing Address 4639 Teen Barnes Road

City Frederick State MD Zip Code 21703

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8706

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Dr. Louis Swann
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 6081

City McLean State VA Zip Code 22106

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8662

Amount of Each Receipt this Period 50.00

Payroll deduction

C. Dr. Rojack Tan
Full Name (Last, First, Middle Initial)

Mailing Address 507 Goodland Place

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2014
Transaction ID : SA11AI.8663

Amount of Each Receipt this Period 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 35 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Bernard Tsai
 Full Name (Last, First, Middle Initial)
 Mailing Address 10013 New London Drive
 City Potomac State MD Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8637
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Reed Underwood
 Full Name (Last, First, Middle Initial)
 Mailing Address 1518 T Street, NW
 City Washington State DC Zip Code 20009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8646
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Arnaldo Valedon
 Full Name (Last, First, Middle Initial)
 Mailing Address 22 Woodfield Court
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2014**
Transaction ID : SA11AI.8687
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 36 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Martha Van Clief
Full Name (Last, First, Middle Initial)

Mailing Address 405 Apple Grove Road

City Silver Spring State MD Zip Code 20904

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8692

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Mark Vogt
Full Name (Last, First, Middle Initial)

Mailing Address 1149 Colonial Road

City McLean State VA Zip Code 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8664

Amount of Each Receipt this Period
 50.00

Payroll deduction

C. Dr. Christopher Wahlgren
Full Name (Last, First, Middle Initial)

Mailing Address 1200 Colvin Meadows Lane

City Great Falls State VA Zip Code 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014
Transaction ID : SA11AI.8639

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 37 OF 52
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. David Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 7108 Collingwood Court
 City State Zip Code
 Elkridge MD 21075
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8678
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

B. Dr. Thomas Wherry
 Full Name (Last, First, Middle Initial)
 Mailing Address 611 W. 2nd Street
 City State Zip Code
 Frederick MD 21701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8693
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Howard Wilpon
 Full Name (Last, First, Middle Initial)
 Mailing Address 18212 Wickham Road
 City State Zip Code
 Olney MD 20832
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8685
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 38 OF 52
	<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Monfold Wolf
Full Name (Last, First, Middle Initial)

Mailing Address 4822 Tilly Dr.

City Sykesville State MD Zip Code 21784

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8690

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. You Wu
Full Name (Last, First, Middle Initial)

Mailing Address 910 Dunlavin Ct.

City Timonium State MD Zip Code 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8679

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 6912 Granite Ridge Court

City Baltimore State MD Zip Code 21209

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 06 / 25 / 2014
Transaction ID : SA11AI.8691

Amount of Each Receipt this Period
 50.00

Payroll deduction

SUBTOTAL of Receipts This Page (optional)..... ▶ 150.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 39 OF 52
<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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Dr. Aiqin Yu
Full Name (Last, First, Middle Initial)

Mailing Address 13508 Gumspring Road

City Rockville State MD Zip Code 20850

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014

Transaction ID : SA11AI.8640

Amount of Each Receipt this Period
 50.00

Payroll deduction

B. Dr. Jungim Yun
Full Name (Last, First, Middle Initial)

Mailing Address 2057 Thurston Road

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

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
 06 / 25 / 2014

Transaction ID : SA11AI.8708

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	100.00
TOTAL This Period (last page this line number only).....▶	5950.00

**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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. VANILA SINGH FOR CONGRESS 2014

Mailing Address PO BOX 14037

City State Zip Code
FREMONT CA 94539

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 17

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Transaction ID : SB23.8722

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

500.00

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

500.00

**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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens for Bill Ferguson

Mailing Address PO Box 13284

City Baltimore State MD Zip Code 21203

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8786

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Citizens for Brian Feldman

Mailing Address PO Box 34408

City Bethesda State MD Zip Code 20827

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB29.8734

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens for Dan Morhaim

Mailing Address 8 Park Center Court

City Owings Mills State MD Zip Code 21117

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 14

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8750

Amount of Each Disbursement this Period

375.00

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

875.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Citizens for Delores Kelley

Mailing Address PO Box 21514

City Baltimore State MD Zip Code 21282

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: MD District: 10

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8771

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Citizens for Douglas Peters

Mailing Address 15714 Pointer Ridge Road

City Bowie State MD Zip Code 20716

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8777

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Citizens for Karen Montgomery

Mailing Address 211 Market St.

City Brookeville State MD Zip Code 20833

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: MD District: 14

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB29.8729

Amount of Each Disbursement this Period

250.00

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

1000.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Committee to Elect Catherine E. Pugh

Mailing Address 819 E. Baltimore St.

City Baltimore State MD Zip Code 21202

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8789

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Eric Bromwell

Mailing Address 1 Minte Drive

City Baltimore State MD Zip Code 21236

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8736

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Joan Carter Conway

Mailing Address 2831 Hillen St.

City Baltimore State MD Zip Code 21218

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 43

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB29.8727

Amount of Each Disbursement this Period

875.00

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

1375.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Committee to Elect Ted Sophocleus

Mailing Address 6584 Brentwood Road

City Linthicum State MD Zip Code 21090

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB29.8761

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Committee to Re-Elect Nathaniel Oaks

Mailing Address 513 Normandy Avenue

City Baltimore State MD Zip Code 21229

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB29.8753

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Friends of David Brinkley

Mailing Address PO Box 321

City New Market State MD Zip Code 21774

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	5		2	0	1	4

Transaction ID : SB29.8766

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

7	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Guy Guzzone

Mailing Address 9702 Deep Smoke

City Columbia State MD Zip Code 21046

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.8725

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Friends of JB Jennings

Mailing Address 6 Bladen St.
Room 326

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.8770

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Jim Mathias

Mailing Address 3546 Figgs Landing Road

City Snow Hill State MD Zip Code 21863

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.8773

Amount of Each Disbursement this Period

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

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Joanne Benson

Mailing Address PO Box 4700

City Capitol Heights State MD Zip Code 20791

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SB29.8785

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of John Astle

Mailing Address 51 Fleet St.

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District: 30

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	05	/	2014

Transaction ID : SB29.8765

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Johnny Olszewski, JR

Mailing Address PO Box 35202

City Dundalk State MD Zip Code 21222

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2014

Transaction ID : SB29.8776

Amount of Each Disbursement this Period

250.00

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

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

750.00

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

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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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Joseline Pena-Melnyk

Mailing Address 6011 Gettysburg Lane

City College Park State MD Zip Code 20740

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8757

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Kathy Szeliga

Mailing Address PO Box 40

City Kingsville State MD Zip Code 21087

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8762

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Kirill Reznik

Mailing Address 18469 Stone Hollow Dr.

City Germantown State MD Zip Code 20874

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 39

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8764

Amount of Each Disbursement this Period

250.00

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

750.00

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

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

Use separate schedule(s)
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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)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Lisa Gladden

Mailing Address 17 W Courtland Street, Suite 210

City Baltimore State MD Zip Code 21117

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8788

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Luis Simmons

Mailing Address 8613 Cedar Street

City Silver Spring State MD Zip Code 20910

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8779

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends of Mary-Dulany James

Mailing Address PO Box 417

City Havre de Grace State MD Zip Code 21078

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District: 34

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8769

Amount of Each Disbursement this Period

250.00

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

750.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Nic Kipke

Mailing Address 209 S. Carolina Ave.

City Pasadena State MD Zip Code 21122

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8745

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends of Pete Hammen

Mailing Address 188 Main Street
Suite 1

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
05 / 22 / 2014

Transaction ID : SB29.8732

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Friends of Roger Manno

Mailing Address 2138 Merrifields Dr.

City Silver Spring State MD Zip Code 20906

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8772

Amount of Each Disbursement this Period

500.00

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

1250.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Friends of Shawn Tarrant

Mailing Address PO Box 67047

City Baltimore State MD Zip Code 21215

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: MD District: 40

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8763

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Friends to Re-Elect Addie Eckardt

Mailing Address 900 Marshy Cove, #304

City Cambridge State MD Zip Code 21613

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8768

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Friends to Re-Elect Norman Conway

Mailing Address 17 W Courtland Street, Suite 210

City Bel Air State MD Zip Code 21014

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8739

Amount of Each Disbursement this Period

250.00

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

750.00

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 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)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. People for Pendergrass

Mailing Address PO Box 6711

City Columbia State MD Zip Code 21045

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2014

Transaction ID : SB29.8759

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Supports of Thomas Middleton

Mailing Address 11 Bladen Street

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY
06 / 06 / 2014

Transaction ID : SB29.8774

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Tim Robinson for Senate

Mailing Address 2212 Dalewood Road

City Timonium State MD Zip Code 21093

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 03 / 2014

Transaction ID : SB29.8719

Amount of Each Disbursement this Period

4000.00

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

5250.00

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

14750.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Form A: Full Name (Last, First, Middle Initial) Transaction ID : H4.8716
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative [checked]
Allocated Activity or Event Year-To-Date: 8207.31
Date: 06/05/2014
FEDERAL SHARE: 0.00 NONFEDERAL SHARE: 2859.60 TOTAL AMOUNT: 2859.60

Form B: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

Form C: Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
Purpose of Disbursement:
Activity or Event Identifier:
Allocated Activity or Event:
Allocated Activity or Event Year-To-Date:
Date:
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 2859.60, 2859.60

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

Table with 3 columns: FEDERAL SHARE, NONFEDERAL SHARE, TOTAL AMOUNT. Values: 0.00, 2859.60, 2859.60