Image# 14950016030				PAGE 1 / 52
	PORT OF R ND DISBURS Other Than An Author	EMENTS		
1. NAME OF TYP	E OR PRINT V	Example: If typing, type	Office U	se Only
COMMITTEE (in full)	,	over the lines.	12FE4M5	
FIRST COLONIES ANES				TTEE
ADDRESS (number and street)	490 New Technology Way			
Check if different				
then providually	rederick		MD 21703	3
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00416305	3. IS TH REP(	~	AMENDED (A)	
(Choose One)	b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4) Jul 20 (M7	7) Oct 20 (M10)	Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
X July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	_
October 15 Quarterly Report (Q3)		M M / D D	/ Y Y Y Y Y	in the
January 31 Year-End Report (YE)	Election or			State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election or		/ Y = Y = Y	in the State of
5. Covering Period 04	01 / Y Y Y Y 01 2014	through 06	M / D D / Y Y 30 20	Y Y 14
I certify that I have examined this R	eport and to the best of my	knowledge and belief it is	true, correct and comple	te.
Type or Print Name of Treasurer	Dr. Jeremy Roth			
Signature of Treasurer	y Roth	[Electronically Filed]	Date 08 / 14	2014
NOTE: Submission of false, erroneous	, or incomplete information ma	ay subject the person signing	g this Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				<b>FORM 3X</b> Rev. 12/2004

08/14/2014 13 : 31

#### 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

R	eport Covering the Period: From:	4 01 / Y Y Y Y Y 2014 To	b: 06 / 0 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9 / 9
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		111353.40
	(b) Cash on Hand at Beginning of Reporting Period	115380.69	
	(c) Total Receipts (from Line 19)	13950.00	23325.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	129330.69	134678.40
7.	Total Disbursements (from Line 31)	18804.60	24152.31
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	110526.09	110526.09
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

### For further information contact:

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

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

of Receipts

Write or Type Committee Name

Image# 14950016032

### FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 04	/ D D / Y Y Y Y 01 2014 To:	M         /         D         /         Y
	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
	Ē		
	(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	7 7	
	(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
		7 7	
13.	All Loans Received	0.00	0.00
1/	Loan Repayments Received	0.00	0.00
	Offsets To Operating Expenditures	7 7 7 7	7 7 7
15.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16	Refunds of Contributions Made		
10.	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
		7 7	
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
		7 7 7	7 7 7
10	Total Bassinta (add Lines 11/d)		
19.	Total Receipts (add Lines 11(d),	12050.00	23325.00
	12, 13, 14, 15, 16, 17, and 18(c))►	13950.00	23323.00
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)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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	2859.60	8207.3
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.0
Federal Candidates/Committees and Other Political Committees	500.00	500.00
Independent Expenditures (use Schedule E) Coordinated Party Expenditures	0.00	0.0
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.0
(c) Other Political Committees (such as PACs)	0.00	0.0
(d) Total Contribution Refunds	0.00	0.00
(add Lines 28(a), (b), and (c))►		0.00
Other Disbursements	15445.00	15445.00
<ul><li>Federal Election Activity (2 U.S.C. §431(20))</li><li>(a) Allocated Federal Election Activity (from Schedule H6)</li></ul>		
(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	0.0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,	(000) 00	
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	18804.60	24152.3
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	15945.00	15945.00

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### DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	13950.00	23325.00
<ol> <li>Total Contribution Refunds (from Line 28(d))</li> </ol>	0.00	0.00
<ol> <li>Net Contributions (other than loans) (subtract Line 34 from Line 33)</li> </ol>	13950.00	23325.00
<ol> <li>Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))</li> </ol>	0.00	0.00
<ol> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ol>	0.00	0.00
8. 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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and s for commercial purposes, other than using th			erson for the purpose of soliciting contributions to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Hasan Abed			Date of Receipt
	Mailing Address 15 Waterbird Court	06 25 2014		
	City Cockeysville	State MD	Zip Code 21030	Transaction ID : SA11AI.8682 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Marc Azran			Date of Receipt
υ.	Mailing Address 800 Hillsboro Drive	06 25 2014		
	City Silver Spring	State MD	Zip Code 20902	Transaction ID : SA11AI.8649 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy			Date of Receipt
	Mailing Address 10021 Dickens Avenue	06 25 _2014 _		
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.8643 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			150.00
т	OTAL This Period (last page this line number	only)	••••••	

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Marc Beck	Date of Receipt		
	Mailing Address 16 Norris Run Court	06 25 2014		
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.8666 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) B. Dr. Jeffrey Briggs			Date of Receipt
	Mailing Address 14952 Finegan Farm Rd.	06 / 25 / Y Y Y Y 2014		
	City Germantown	State MD	Zip Code 20874	Transaction ID : SA11AI.8622           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt
	Mailing Address 15229 National Pike			06 25 2014
	City Hagerstown	State MD	Zip Code 21740	Transaction ID : SA11AI.8695 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Donald Charney Mailing Address 3707 Meadowhill Court			Date of Receipt 06 25 2014
City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.8667
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]
Full Name (Last, First, Middle Initial) B. Dr. Satyam Chary			Date of Receipt
Mailing Address 9 Alterwood Lane			06 25 2014
City	State	Zip Code	Transaction ID : SA11AI.8668
Owings Mill	MD	21117	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		250.00	]
Full Name (Last, First, Middle Initial) C. Dr. Thomas Chau			Date of Receipt
Mailing Address 7204 Loch Edin Court	Mailing Address 7204 Loch Edin Court		
City	State	Zip Code	Transaction ID : SA11AI.8623
Potomac	MD	20854	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ů l		
Name of Employer	Occupation	1	Payroll deduction
First Colonies Anesthesia	Physician		
Receipt For:	Aggregate	Year-to-Date <b>V</b>	
Other (specify)		250.00	
SUBTOTAL of Receipts This Page (optional	)		150.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
Any information copied from such Reports and Statements may not be sold or used by any p or for commercial purposes, other than using the name and address of any political committee						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Dwayne Chen			Date of Receipt		
	Mailing Address 12808 Spring Drive					
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.8642 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
в.	Full Name (Last, First, Middle Initial) B. Dr. Edward Chen			Date of Receipt		
	Mailing Address 10209 Fleming Avenue	06 25 2014				
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.8624 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С	50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt		
	Mailing Address 13771 Lambertina Place			06 25 2014		
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.8625 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00			
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			150.00		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	y information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Charles Ciolino			Date of Receipt
	Mailing Address 11008 South Glen Road	06 25 _ 2014		
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.8644 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) B. Dr. Lincoln Coore			Date of Receipt
	Mailing Address 11546 Fox River Road	04 25 2014		
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.8492 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer First Colonies Anesthsia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Lincoln Coore			Date of Receipt
	Mailing Address 11546 Fox River Road			05 23 2014
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.8585 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthsia	Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	
	UBTOTAL of Receipts This Page (optional)			200.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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TTEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using t		person for the purpose of soliciting contributions ee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITIO	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) <b>Dr. Lincoln Coore</b> Mailing Address 11546 Fox River Road         City         Ellicott City         FEC ID number of contributing	State Zip Code MD 21042	Date of Receipt
federal political committee.          Name of Employer         First Colonies Anesthsia         Receipt For:         Primary       General         Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 375.00	Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Melvin Coursey         Mailing Address       18720 Shremor Drive	Date of Receipt	
City         Derwood         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     20855       C       Occupation       Physician       Aggregate Year-to-Date ▼       250.00	Transaction ID : SA11AI.8626         Amount of Each Receipt this Period         50.00         Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Lauren Deloach         Mailing Address 15114 Pepperridge Drive         City         Bowie         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       20721         C       Occupation         Occupation       Physician         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)......

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	15	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17	
			person for the purpose of soliciting contributions to solicit contributions from such committee.	
NAME OF COMMITTEE ( FIRST COLONIE		CIATES LLC POLITIC	CAL ACTION COMMITTEE	
A. Dr. Ali Emamhosseir Mailing Address 8370 Gre Apt #208 City	ii eensboro Drive State	Zip Code	Date of Receipt	
McLean FEC ID number of contrib federal political committee Name of Employer	ŝ.	22102	Amount of Each Receipt this Period 50.00 Payroll deduction	
First Colonies Anesthesia Receipt For: Primary Ga Other (specify) ▼	eneral Physician Aggregate	Year-to-Date ▼ 250.00	]	
B. Full Name (Last, First, Mi Dr. Todd Epstein Mailing Address 11305 St		Date of Receipt		
City North Bethesda FEC ID number of contrib federal political committee	ŝ.	Zip Code 20852	06 25 2014 Transaction ID : SA11AI.8654 Amount of Each Receipt this Period 50.00	
Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction	
Receipt For: Primary Go Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 250.00	]	
Full Name (Last, First, Mi C. Dr. Richard Evans			Date of Receipt	
Mailing Address 6436 We	est Langley Lane State	Zip Code	06 25 2014 Transaction ID : SA11AI.8647	
McLean	VA	22101	Amount of Each Receipt this Period	
FEC ID number of contrib			50.00 Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician			
Receipt For:		Year-to-Date ▼ 250.00	]	
SUBTOTAL of Receipts Thi	s Page (optional)		150.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page			
		any person for the purpose of soliciting contributions mittee to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POL	ITICAL ACTION COMMITTEE		
A. Dr. Tamara Gabrielli Mailing Address 504 Reserve Champion Dri	ve State Zip Code	Date of Receipt		
Rockville FEC ID number of contributing federal political committee.	MD 20850	Amount of Each Receipt this Period		
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 250.0	D0		
Full Name (Last, First, Middle Initial)         B.       Thomas Gambon         Mailing Address 7700 Charleston Dr.	Thomas Gambon			
City Bethesda FEC ID number of contributing federal political committee.	State Zip Code MD 20817	06     25     2014       Transaction ID : SA11AI.8709       Amount of Each Receipt this Period       50.00		
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 250.0	Payroll deduction		
C. Full Name (Last, First, Middle Initial) Mailing Address 13895 Foxtower Road	Dr. Steven Grube			
City Thurmont FEC ID number of contributing	State Zip Code MD 21788	06     25     2014       Transaction ID : SA11AI.8699       Amount of Each Receipt this Period       50.00		
federal political committee.          Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 250.0	Payroll deduction		
SUBTOTAL of Receipts This Page (optional).		150.00		

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston Mailing Address 12312 Highstakes Drive			Date of Receipt			
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.8671 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
В.	Full Name (Last, First, Middle Initial) Shelly Hairston	Date of Receipt					
	Mailing Address 12312 Highstakes Drive	06 25 2014					
	City	· · ·					
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General	Aggregate	Year-to-Date <b>V</b>				
	Other (specify)		, 250.00				
с.	Full Name (Last, First, Middle Initial) Dr. John Hanna			Date of Receipt			
	Mailing Address 9310 Leigh Mill Ct.			06 25 2014			
	City	State	Zip Code	Transaction ID : SA11AI.8655			
	Great Falls	VA	22066	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Primary General Other (specify) ▼		250.00				
s	UBTOTAL 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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger Mailing Address 8101 Ruxton Crossing Road			Date of Receipt				
	City	State	Zip Code	Transaction ID : SA11AI.8672				
	Towson	MD	21204	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth	Date of Receipt						
	Mailing Address 1614 Randallwood Court			06 25 2014				
	City	State	Zip Code	Transaction ID : SA11AI.8673				
	Jarretsville	MD	21084	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date ▼ 250.00					
	Other (specify) <b>v</b>	, , , , , , , , , , , , , , , , , , , ,						
C.	Full Name (Last, First, Middle Initial) Nashwa Holt			Date of Receipt				
	Mailing Address 5508 Oak Place			06 25 2014				
	City	State	Zip Code	Transaction ID : SA11AI.8652				
	Bethesda	MD	20817	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	_				
	Other (specify)		250.00					
s	UBTOTAL of Receipts This Page (optional)			150.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive	Date of Receipt					
	City Lutherville	State MD	Zip Code 21093	06 25 2014			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
в.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper Mailing Address 4550 N. Park Avenue	Date of Receipt					
	#101 City Chevy Chase	State MD	Zip Code 20815	06     25     2014       Transaction ID : SA11AI.8656       Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00				
с.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt			
	Mailing Address 9110 Travener Circle	State	Zip Code	04 25 2014 Transaction ID : SA11AI.8440			
	Frederick	MD	21704	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer	Occupation	1				
	First Colonies Anesthesia Receipt For:	Physician	<b>.</b>	_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00				
s	UBTOTAL of Receipts This Page (optional)		•	175.00			
ד	OTAL This Period (last page this line number	only)	••••••				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circle	Date of Receipt					
	City Frederick	State MD	Zip Code 21704	05 23 2014 Transaction ID : SA11AI.8536			
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
в.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough Mailing Address 9110 Travener Circle	Date of Receipt					
	City Frederick	State MD	Zip Code 21704	06     25     2014       Transaction ID : SA11AI.8627       Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		Payroll deduction			
	Name of Employer First Colonies Anesthesia	Occupation Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Leo Hsiao			Date of Receipt			
	Mailing Address 212 Washington Ave Apt. #1217 City	State	Zip Code	06 25 2014			
	Towson	MD	21204	Transaction ID : SA11AI.8683           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction			
	Name of Employer First Colonies Anesthesia	Occupation Physician	I				
	Receipt For:       Primary       Other (specify) ▼		Year-to-Date ▼ 250.00				
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			200.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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111	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12	17
	y information copied from such Reports and for commercial purposes, other than using th				for the		oose o	f soliciting	g contrib	utions
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL A		ON	CO	ΜΜΙΤΤ	ΓEE	
<u>к</u>	Full Name (Last, First, Middle Initial) Dr. Sean Isaac						Date of Receipt			
	Mailing Address 7 Starlight Farm Drive						25	D / Y	2014	Y
	City Phoenix	State MD	Zip Code 21131					<b>: SA11AI</b> Receipt th		ł
	FEC ID number of contributing federal political committee.	С					,		5	0.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	— F	ayroll	dedu	iction			
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00							
	Full Name (Last, First, Middle Initial) Dr. David Johnson					Date of Receipt				
	Mailing Address 5506 Bootjack Drive				06 25 2014					
	City Frederick	State MD	Zip Code 21702		Transaction ID : SA11AI.8700 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.					7		5(	0.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician	1		ayroll c	ledu	ction			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00								
	Full Name (Last, First, Middle Initial) Dr. James Kaufman				Date o	f Re	ceipt			
	Mailing Address 7514 Arrowwood Road				м м 06	/	D 25	D / Y	у у 2014	Y
	City Bethesda	State MD	Zip Code 20817					: SA11AI Receipt th		ł
	FEC ID number of contributing federal political committee.	С					,		5	0.00
	Name of Employer	Occupation	1	F	Payroll	dedu	uction			
	First Colonies Anesthesia	Physician								
	Receipt For: Primary General Other (specify) ▼	Primary General General								
	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			-				1 3	150	0.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
			person for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) FIRST COLONIES ANES	THESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE				
A. Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive	Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive						
Highland	MD	20777	Transaction ID : SA11AI.8628 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesia	Physician						
Receipt For: Primary General Other (specify)	Aggregate	/ear-to-Date ▼ 250.00	]				
Full Name (Last, First, Middle Initial)							
<b>0</b>	HaengShik Kim						
Mailing Address 11429 Twining Lane	06 / Y Y Y Y Y 25 2014						
City	State	Zip Code	Transaction ID : SA11AI.8645				
Potomac	MD	20854	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesia	Physician						
Receipt For:	Aggregate `	/ear-to-Date ▼					
Other (specify)		, 250.00	]				
Full Name (Last, First, Middle Initial) C. James Kim							
Mailing Address 4808 Moorland Lane	•		M = M / D = D / Y = Y = Y				
Apt. #803			06 25 2014				
City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.8651           Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesia	Physician						
Receipt For:	Aggregate `	/ear-to-Date ▼					
Other (specify)		, 250.00	]				
SUBTOTAL of Receipts This Page (op	tional)		150.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	RECEIPIS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
				erson for the purpose of soliciting contributions e to solicit contributions from such committee.
	DMMITTEE (In Full) DLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Richard	ast, First, Middle Initial) d Ko ss 6795 Stockwell Manor Drive			Date of Receipt 06 25 2014
City Falls Church		State VA	Zip Code 22043	Transaction ID : SA11AI.8630 Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	С		50.00
Name of Emp First Colonies		Occupation Physician	1	Payroll deduction
Receipt For: Primary Other (s	General specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
Full Name (La B. Dr. Harkisa	ast, First, Middle Initial) an Laheri			Date of Receipt
	ss 11722 Split Tree Circle			06 25 2014
City		State MD	Zip Code 20854	Transaction ID : SA11AI.8631
Potomac FEC ID numb federal politica	er of contributing al committee.	C	20034	Amount of Each Receipt this Period
Name of Emp First Colonies	,	Occupation Physician	1	Payroll deduction
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 250.00	
Full Name (La C. Dr. Kathle	ast, First, Middle Initial) een Leavitt	1		Date of Receipt
	ss 3467 North Venice Street	M         M         /         D         /         Y		
City Arlington		State VA	Zip Code 22207	Transaction ID : SA11AI.8658 Amount of Each Receipt this Period
FEC ID numb federal politica	er of contributing al committee.	С		50.00
Name of Emp	loyer	Occupation	1	Payroll deduction
First Colonies	Anesthesia			
Receipt For: Primary Other (s	General General	Aggregate	Year-to-Date ▼ 250.00	
SUBTOTAL of F	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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Zakiya Lockhart	Date of Receipt					
	Mailing Address 8750 Polished Pebble Way	Olata	The October	05 23 Y Y Y Y 05 23 2014			
	City Laurel	State MD	Zip Code 20723	Transaction ID : SA11AI.8563           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00				
В.	Full Name (Last, First, Middle Initial) Zakiya Lockhart Mailing Address 8750 Polished Pebble Way	Date of Receipt					
	City	State	Zip Code	06 25 2014 Transaction ID : SA11AI.8653			
	Laurel           FEC ID number of contributing           federal political committee.	C	20723	Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	<ul> <li>Payroll deduction</li> </ul>			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas Malone			Date of Receipt			
	Mailing Address 11667 Fairmont Place			M = M         /         D = D         /         Y = Y = Y = Y         Y           04         25         2014			
	City Ijamsville	State MD	Zip Code 21754	Transaction ID : SA11AI.8517           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 225.00				
$\vdash$	UBTOTAL of Receipts This Page (optional)			225.00			

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

Use separate schedule(s) for each category of the

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		r each category of the etailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
			person for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES AN	ESTHESIA ASSOCIA	TES LLC POLITIC	CAL ACTION COMMITTEE			
A. Dr. Thomas Malone Mailing Address 11667 Fairmont	Mailing Address 11667 Fairmont Place					
City Ijamsville		Zip Code 21754	Transaction ID : SA11AI.8609			
·		-1754	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		75.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-	to-Date ▼ 300.00	]			
Full Name (Last, First, Middle Init B. Dr. Thomas Malone	ial)		Date of Receipt			
Mailing Address 11667 Fairmont F	Place	06 25 2014				
City		Zip Code	Transaction ID : SA11AI.8701			
ljamsville	MD 2	21754	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		75.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate Year-	to-Date ▼				
Primary General Other (specify) ▼		, 375.00	]			
Full Name (Last, First, Middle Init C. Dr. Mollyann March	Full Name (Last, First, Middle Initial) Dr. Mollvann March					
Mailing Address 6504 Greentree	Mailing Address 6504 Greentree Road					
City		Zip Code	Transaction ID : SA11AI.8474			
Bethesda	MD 2	20817	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		75.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate Year-	to-Date ▼				
Other (specify)		225.00	]			
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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road			Date of Receipt				
	City	State	Zip Code	Transaction ID : SA11AI.8569				
	Bethesda	MD	20817	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer	Occupation	l .	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
в.	Full Name (Last, First, Middle Initial) Dr. Mollyann March			Date of Receipt				
	Mailing Address 6504 Greentree Road			06 25 2014				
	City	State	Zip Code	Transaction ID : SA11AI.8659				
	Bethesda	MD	20817	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		75.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		375.00					
с.	Full Name (Last, First, Middle Initial) Omid Moayed	Date of Receipt						
	Mailing Address 8913 Cherbourg Drive	06 25 2014						
	City	State	Zip Code	Transaction ID : SA11AI.8641				
	Potomac	MD	20854	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction				
	Name of Employer	Occupation						
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		250.00					
s	UBTOTAL of Receipts This Page (optional)			200.00				

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

FEC Schedule A (Form 3X) Rev. 02/2003

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Danielle Mossman Mailing Address 3709 Falling Green Way			Date of Receipt		
	City	State	Zip Code	06 25 2014 Transaction ID : SA11AI.8697		
	Mt. Airy FEC ID number of contributing	MD C	21771	Amount of Each Receipt this Period		
	federal political committee. Name of Employer	Occupation		Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General		Year-to-Date ▼	_		
	Other (specify)		250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Thomas Munro	Date of Receipt				
	Mailing Address 15310 Forest Lake Court	04 25 <u>Y Y Y Y</u> 2014				
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.8526           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		75.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>Payroll deduction</li> </ul>		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Thomas Munro	Date of Receipt				
	Mailing Address 15310 Forest Lake Court	05 23 2014				
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.8617 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		75.00		
	Name of Employer	Occupation		Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)		300.00			
s	UBTOTAL of Receipts This Page (optional)		•	200.00		
ן ו	OTAL This Period (last page this line number	only)	•••••			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name an		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Thomas Munro         Mailing Address 15310 Forest Lake Court         City       State         Darnestown       MD         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupa         First Colonies Anesthesia       Physicia         Receipt For:       Aggreg         Other (specify) ▼       Image: Content of the state	20874	Date of Receipt 06 25 2014 Transaction ID : SA11AI.8710 Amount of Each Receipt this Period 75.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Anna Noriega-Nalls         Mailing Address 603 Queen Street         #4         City       State         Alexandria       VA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupa         First Colonies Anesthesia       Physicia         Receipt For:       Aggreg         Other (specify) ▼       C	22314	Date of Receipt 04 25 2014 Transaction ID : SA11AI.8444 Amount of Each Receipt this Period 100.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Anna Noriega-Nalls         Mailing Address 603 Queen Street         #4         City       State         Alexandria       VA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occupa         First Colonies Anesthesia       Physici         Receipt For:       Aggreg         Other (specify) ▼       C	22314	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).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOC	IATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks Court City Monrovia	State MD	Zip Code 21770	Date of Receipt 06 25 2014 Transaction ID : SA11AI.8702 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	C Occupation Physician Aggregate Ye	ear-to-Date ▼ 250.00	Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Philip Owens         Mailing Address 141 Adams Street, NW         City         Washington         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	State DC C Occupation Physician Aggregate Ye	Zip Code 20001 ear-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Kent Ozkum         Mailing Address 10720 Dern Road         City         Emmitsburg         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	State MD C Occupation Physician Aggregate Ye	Zip Code 21727 ear-to-Date ▼ 250.00	Date of Receipt 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
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## SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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ITEMIZED RECEI	PIS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTE	· · · · · ·	OCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Dr. Paul Park Mailing Address 510 G City Rockville FEC ID number of cor federal political commit Name of Employer First Colonies Anesthes	State MD tributing tee.		Date of Receipt 06 / 25 / 2014 Transaction ID : SA11AI.8633 Amount of Each Receipt this Period 50.00 Payroll deduction
Receipt For: Primary Other (specify)	General	e Year-to-Date ▼ 250.00	
Full Name (Last, First, Dr. Kestutis Pauli Mailing Address 1813 ; City McLean	ukonis	Zip Code 22101	Date of Receipt
FEC ID number of cor federal political commit Name of Employer First Colonies Anesthes Receipt For:	ttee. Occupation iia Physician General Aggregat		Payroll deduction
Full Name (Last, First, Dr. Michael Pec Mailing Address 4 Fard City Rockville FEC ID number of corr federal political commit Name of Employer First Colonies Anesthes Receipt For: Primary Other (specify)	k m Haven Court state MD tributing tee. C Occupation Physician General		Date of Receipt
SUBTOTAL of Receipts	This Page (optional)	•	175.00
TOTAL This Period (last	page this line number only)	••••••	

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11		12 16	17		
	information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or 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 ANESTHES	CIATES LLC POLITIC	AL A	CTI	ON	I CC	DMMI	TTE	Е				
Α.						Date of Receipt							
	Mailing Address 4 Farm Haven Court City State Zip Code							3	2	y y 2014	Y		
	Rockville	MD		Transaction ID : SA11AI.8570 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			linou		,	neocip			.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		— P	ayroll	dedu	uction						
	First Colonies Anesthesia     Physician       Receipt For:     Aggregate Year-to-Date ▼       Primary     General       Other (specify) ▼     300.00												
В.	Full Name (Last, First, Middle Initial) Dr. Michael Peck				Date of Receipt								
	Mailing Address 4 Farm Haven Court       City     State       Zip Code				06 25 2014								
	City Rockville	State MD					: SA11						
	FEC ID number of contributing federal political committee.	C ID number of contributing								Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia		Pa	ayroll	dedu	ction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 375.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba				Date c	of Re	eceipt						
	Mailing Address 8302 Fox Haven Drive				м – м 06	1 /	D	D / 25	Y	y y 2014	Y		
	City McLean	State Zip Code VA 22102						<b>) : SA1</b> 1 Receip	AI.86	35			
	FEC ID number of contributing federal political committee.	C					7			50	0.00		
	Name of Employer	Occupation		P	Payroll	dedu	uction						
	First Colonies Anesthesia	Physician											
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	250.00											
s	UBTOTAL of Receipts This Page (optional)		•				7			200	.00		
Т	OTAL This Period (last page this line number	only)					7						

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial)           Dr. Eugen Pirovic           Mailing Address 3912 Calverton Drive			Date of Receipt
	City Hyattsville	State MD	Zip Code 20782	06 25 2014 Transaction ID : SA11AI.8665 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial) Naeem Poursharif Mailing Address 9506 Edgeley Rd	Date of Receipt		
	City Bethesda	State MD	Zip Code 20814	06     25     2014       Transaction ID : SA11AI.8650       Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman	Date of Receipt		
	Mailing Address 6906 Granite Ridge Ct.	06 / 25 / 2014		
	City Baltimore	State MD	Zip Code 21209	Transaction ID : SA11AI.8680           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia Receipt For:	Physician	Year-to-Date ▼	_
	Primary General Other (specify) ▼	Aggregate	250.00	
5	SUBTOTAL of Receipts This Page (optional)		•••••	150.00
1	<b>FOTAL</b> This Period (last page this line number	only)		

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions to solicit contributions from such committee.				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto Mailing Address 6409 Pinehurst Road	State	Zip Code	Date of Receipt				
	City Baltimore	Transaction ID : SA11AI.8677						
		MD	21212	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonis Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
В.	Full Name (Last, First, Middle Initial) James A Rothschild			Date of Receipt				
	Mailing Address 205 Woodlawn Road	04 25 _2014						
	City	State	Zip Code	Transaction ID : SA11AI.8500				
	Baltimore	MD	21210	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		300.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) James A Rothschild	Date of Receipt						
	Mailing Address 205 Woodlawn Road	05 23 2014						
	City	State	Zip Code	Transaction ID : SA11AI.8593				
	Baltimore	MD	21210	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		100.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify)		400.00					
s	UBTOTAL of Receipts This Page (optional)			250.00				

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

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

Use separate schedule(s) for each category of the

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	IESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Full Name (Last, First, Middle Initial) James A Rothschild Mailing Address 205 Woodlawn Road			Date of Receipt		
City Baltimore	State MD	Zip Code 21210	06 25 2014 Transaction ID : SA11AI.8684 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer First Colonies Anesthesia	Occupatior Physician	1	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
B. Full Name (Last, First, Middle Initial) Leudvig Sardarian Mailing Address 11601 Brandy Hall Lane			Date of Receipt		
City	State	Zip Code	06 25 2014 Transaction ID : SA11AI.8714		
North Potomac	MD	20878	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer First Colonies Anesthesia	Occupatior Physician	1	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	]		
Full Name (Last, First, Middle Initial) C. Dr. Suzanne Scattergood					
Mailing Address 14700 Crossway Road	Mailing Address 14700 Crossway Road				
City Rockville	State MD	Zip Code 20853	Transaction ID : SA11AI.8520 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		100.00		
Name of Employer	Occupatior	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		300.00	]		
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

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(check only one)

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		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
			person for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full		CIATES LLC POLITIC	CAL ACTION COMMITTEE		
A. Dr. Suzanne Scattergood Mailing Address 14700 Crosswa			Date of Receipt		
City Rockville	State MD	Zip Code 20853	05 23 2014 Transaction ID : SA11AI.8611		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer First Colonies Anesthesia	Occupatior Physician	1	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00	]		
Full Name (Last, First, Middle Ir B. Dr. Suzanne Scattergood	ł		Date of Receipt		
Mailing Address 14700 Crosswa	Mailing Address 14700 Crossway Road				
Rockville	MD	20853	Transaction ID : SA11AI.8703 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C				
Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	]		
Full Name (Last, First, Middle Ir C. Dr. Mark Seymour	Full Name (Last, First, Middle Initial)				
	Mailing Address 2932 Thurston Rd.				
City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.8704 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00 Payroll deduction		
Name of Employer	Occupation	1			
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	]		
SUBTOTAL of Receipts This Page	e (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

FOR LINE NUMBER:

(check only one)

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52

	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICA	AL ACTION COMMITTEE
Primary General Other (specify) ▼	20876 ation	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Robert Study         Mailing Address 6 Beall Spring Court         City       State         Potomac       MD         FEC ID number of contributing federal political committee.       C         Name of Employer       Occup         First Colonies Anesthesia       Physici         Receipt For:       Aggree         Other (specify)       ✓	20854 ation	Date of Receipt
Full Name (Last, First, Middle Initial)         C. Dr. Lisa Sullivan         Mailing Address 4639 Teen Barnes Road         City       State         Frederick       MD         FEC ID number of contributing       C         federal political committee.       Occup         First Colonies Anesthsia       Physic         Receipt For:       Aggree         Other (specify)	21703 ation	Date of Receipt
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

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17				
	ny information copied from such Reports and S for commercial purposes, other than using the							
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Mailing Address 4639 Teen Barnes Road	04444	7in Oode	Date of Receipt				
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.8706				
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
В.	Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt				
	Mailing Address PO Box 6081	06 25 2014						
	City	State	Zip Code	Transaction ID : SA11AI.8662				
	McLean	VA	22106	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
	Full Name (Last, First, Middle Initial) Dr. Rojack Tan		, , , , , , , , , , , , , , , , , , , ,	Date of Receipt				
0.	Mailing Address 507 Goodland Place	06 25 _2014 _						
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.8663 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		50.00 Payroll deduction					
	Name of Employer	Occupation						
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00					
s	UBTOTAL of Receipts This Page (optional)		•	150.00				

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

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

Use separate schedule(s) for each category of the

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	ny information copied from such Reports and S for commercial purposes, other than using the					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai Mailing Address 10013 New London Drive	Date of Receipt				
	City	State	Zip Code	06 25 2014 Transaction ID : SA11AI.8637		
	Potomac	MD	20854	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia Receipt For:	Physician		_		
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
В.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood	Date of Receipt				
	Mailing Address 1518 T Street, NW	06 25 2014				
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.8646 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date of Receipt				
	Mailing Address 22 Woodfield Court	06 25 2014				
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.8687		
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period		
	Name of Employer	Occupation	1	Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00			
$\vdash$	GUBTOTAL of Receipts This Page (optional)			150.00		

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

Use separate schedule(s) for each category of the

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52

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
Any information copied from such Reports and or for commercial purposes, other than using th			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Martha Van Clief         Mailing Address 405 Apple Grove Road         City         Silver Spring         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20904 Year-to-Date ▼ 250.00	Date of Receipt
Full Name (Last, First, Middle Initial) <b>Dr. Mark Vogt</b> Mailing Address 1149 Colonial Road			Date of Receipt
City	State VA	Zip Code	Transaction ID : SA11AI.8664
McLean FEC ID number of contributing federal political committee.	C	22101	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼ 250.00	Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Christopher Wahlgren			Date of Receipt
Mailing Address 1200 Colvin Meadows Lane			06 25 2014
City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.8639 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer	Occupation		
First Colonies Anesthesia Receipt For:	Physician		_
Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1
SUBTOTAL of Receipts This Page (optional)	I		150.00

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

FEC Schedule A (Form 3X) Rev. 02/2003

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#### Image# 14950016066

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS	for each categ Detailed Sumn	
		used by any person for the purpose of soliciting contributions litical committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLO	C POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. David Wheeler         Mailing Address 7108 Collingwood Court         City         Elkridge         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD       Zip Code 21075         C       Occupation         Occupation       Physician         Aggregate Year-to-Date ▼       ▼	Date of Receipt ID: SA11AL8678 Amount of Each Receipt this Period Payroll deduction 250.00
Full Name (Last, First, Middle Initial)         B. Dr. Thomas Wherry         Mailing Address 611 W. 2nd Street         City         Frederick         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       21701         C       Occupation         Physician       Aggregate Year-to-Date ▼	Date of Receipt Intervention Amount of Each Receipt Intervention 50.00 Payroll deduction 250.00
Full Name (Last, First, Middle Initial)         C.       Dr. Howard Wilpon         Mailing Address       18212 Wickham Road         City       Olney         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	State MD     Zip Code 20832       C     Occupation Physician       Aggregate Year-to-Date ▼	Date of Receipt         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)......

FEC Schedule A (Form 3X) Rev. 02/2003

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#### Image# 14950016067

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17				
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	AL A	AL ACTION COMMITTEE										
Α.	Full Name (Last, First, Middle Initial) Dr. Monfold Wolf				Date of Receipt									
	Mailing Address 4822 Tilly Dr.	State	Zip Code		06	/ /	25		2014	Y				
	Sykesville	MD	21784		Transaction ID : SA11AI.8690 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С			Amoun		,			0.00				
	Name of Employer	Occupation	1	— P	ayroll	dedu	ction							
	First Colonies Anesthesia	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Primary General Other (specify)		250.00											
в.	Full Name (Last, First, Middle Initial) You Wu				Date o	f Re	ceipt							
	Mailing Address 910 Dunlavin Ct.				M = M / D = D / Y = Y = Y = Y 06 25 2014									
	City	State	Zip Code		Transaction ID : SA11AI.8679									
	Timonium	MD	21093		Amoun	it of	Each I	Receipt th	nis Perio	d				
	FEC ID number of contributing federal political committee.	С			50.00									
	Name of Employer First Colonies Anesthesia	Occupation Physician			Payroll deduction									
	Receipt For: Primary General Other (specify) ▼	Receipt For:     Aggregate Year-to-Date ▼       Primary     General												
<u>с</u> .	Full Name (Last, First, Middle Initial) David Wyler				Date of Receipt									
	Mailing Address 6912 Granite Ridge Court				м м 06	/	D 25	D / Y	y y 2014	Y				
	City Baltimore	State MD	Zip Code 21209		Transaction ID : SA11AI.8691 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С					,		5	0.00				
	Name of Employer	Occupation	l		Payroll	dedu	ction							
	First Colonies Anesthesia	Physician												
	Receipt For:	Aggregate	Year-to-Date ▼											
	Other (specify)													
s	UBTOTAL of Receipts This Page (optional)		•••••				7	7	15(	0.00				
Г	OTAL This Period (last page this line number	only)	•	•			,							

#### Image# 14950016068

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 39 OF

52

11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17									
Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay not be sold or used by any pe uddress of any political committee	rson for the purpose of soliciting contributions									
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE									
Α.		Date of Receipt											
	Mailing Address 13508 Gumspring Road	State	Zip Code	06 / 25 / Y Y Y Y 06 25 2014									
	Rockville	MD	20850	Transaction ID : SA11AI.8640 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		50.00									
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction									
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
в.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun			Date of Receipt									
	Mailing Address 2057 Thurston Road	Chatta	Zie Oode	06 25 2014									
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.8708 Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С		Payroll deduction									
	Name of Employer First Colonies Anesthesia	Occupation Physician	1										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00										
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt									
	Mailing Address												
	City	State	Zip Code	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	С											
	Name of Employer	Occupation	1										
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼										
s	UBTOTAL of Receipts This Page (optional)			100.00									
L,	OTAL This Pariod (last page this line number	ophy)		5950.00									

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

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 40 OF 52
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCIATES LLC F	POLITICAL	_ ACTION COMMITTEE
Full Name (Last, First, Middle Initial)  A. VANILA SINGH FOR CONGRESS	2014		Date of Disbursement
Mailing Address PO BOX 14037			04 09 2014
City S FREMONT Purpose of Disbursement	State Zip Code CA 94539		Transaction ID : SB23.8722
Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	500.00
Senate	nent For: 2014 Primary General Other (specify) ▼		
State: CA District: 17 Full Name (Last, First, Middle Initial)			
B.			Date of Disbursement
Mailing Address			
City S	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name		Category/ Type	
	nent For: Primary General Other (specify) <b>v</b>		
State: District:			
Full Name (Last, First, Middle Initial) C.			Date of Disbursement
Mailing Address			
City S	State Zip Code		
Purpose of Disbursement		· · · · ·	
Candidate Name	Category/ Type	Amount of Each Disbursement this Period	
	nent For: Primary General Other (specify) v		
			500.00
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		F	500.00

S	CHEDULE B (FEC Form 3X)		F			JMBER			PA	GE 41	OF 52				
IT	EMIZED DISBURSEMENTS	Llos concrete cohodulo(o)				c only o	nly one)								
			Summary Page			21b 27	22 28a	$\mid$	23 28b	24 28c	25 X 29	26 30b			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan										g contribu				
$\left  \right\rangle$	NAME OF COMMITTEE (In Full)					~ ^ ^ /	A O TI	~	~~						
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	.1110	CAL	ACTI	ON	CO	IVIIVII I	IEE				
Α.	Full Name (Last, First, Middle Initial) Citizens for Bill Ferguson						Date of Disbursement								
	Mailing Address PO Box 13284			06 / D D / Y Y Y Y Y 2014								Y			
	Baltimore	State MD	Zip Code 21203				Trans	sacti	on ID	: SB29.8	786				
	Purpose of Disbursement Contribution		C	)11		Amour	nt of	Each	Disburse	nent this	Period				
	Candidate Name			egory ype	y/			,		25	0.00				
	Office Sought: House Disburser Senate President														
_	State:     District:       Full Name (Last, First, Middle Initial)						Data	( D'-							
В.	Citizens for Brian Feldman						Date c		burse		Y Y	Y			
	Mailing Address PO Box 34408						05		2	2	2014				
	Bethesda	State MD	Zip Code 20827				Transaction ID : SB29.8734								
	Purpose of Disbursement Contribution			(	011		Amount of Each Disbursement this Period								
	Candidate Name				egory ype	y/									
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼												
	State: District: Full Name (Last, First, Middle Initial)														
C.	Citizens for Dan Morhaim						Date c	_							
	Mailing Address 8 Park Center Court						06	/	0		2014	Y			
	Owings Mills	State MD	Zip Code 21117				Tran	sacti	on ID	: SB29.8	750				
	Purpose of Disbursement Contribution			C	)11		Amour	nt of	Each	Disburse	nent this	Period			
	Candidate Name			egory ype	y/	Amount of Each Disbursement this Period 375.00									
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼						,	,					
_	State: MD District: 14														
⊢	UBTOTAL of Disbursements This Page (optional)								7		87	5.00			
T	OTAL This Period (last page this line number only)	)						_	7						

S	CHEDULE B (FEC Form 3X)	[				NUMBER: PAGE 42 OF 52							
	EMIZED DISBURSEMENTS	for each o	rate schedule(s) category of the Summary Page	(cł	neck only 21b 27	v one) 22 23 24 25 26 28a 28b 28c X 29 30b							
	y information copied from such Reports and Stater for commercial purposes, other than using the nan												
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC	POL	ITICAI	L ACTION COMMITTEE							
Α.	Full Name (Last, First, Middle Initial) Citizens for Delores Kelley					Date of Disbursement							
	Mailing Address PO Box 21514			06 06 2014									
	Baltimore	State MD	Zip Code 21282			Transaction ID : SB29.8771							
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period							
	Candidate Name				gory/ /pe	500.00							
	Office Sought: House Disburser Senate President	nent For: Primary Other (spec	General cify) ▼										
_	State: MD District: 10 Full Name (Last, First, Middle Initial)												
В.						Date of Disbursement							
	Mailing Address 15714 Pointer Ridge Road					06 06 2014							
	City Sowie	State MD	Zip Code 20716			Transaction ID : SB29.8777							
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period							
	Candidate Name				Category/ Type								
	Office Sought: House Disburser Senate President State: District:	nent For: Primary Other (spec	General ify) ▼										
<u>с</u> .	Full Name (Last, First, Middle Initial) Citizens for Karen Montgomery					Date of Disbursement							
	Mailing Address 211 Market St.					05 / D D / Y Y Y Y 22 / 2014							
	City S Brookeville	State MD	Zip Code 20833			Transaction ID : SB29.8729							
	Purpose of Disbursement Contribution			0	11	Amount of Each Disbursement this Period							
	Candidate Name			gory/ /pe	250.00								
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼										
	State: MD District: 14												
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S	CHEDULE B (FEC Form 3X)	FOR I					NE NUMBER: PAGE 43 OF 52									
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the			k only	one)		00							
			Summary Page		$\mid$	21b 27	22 28a		23 28b	24 28c	25 X 29					
	y information copied from such Reports and Staten for commercial purposes, other than using the nam															
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC	POL	ITI.	ICAL	ACTI	ON	со	MMIT	TEE					
	Full Name (Last, First, Middle Initial)															
Α.	Committee to Elect Catherine E. Pr	ugh		Date of Disbursement												
	Mailing Address 819 E. Baltimore St.			06 / Y Y 06 201												
	Baltimore	State MD	Zip Code 21202				Trans	sactio	on ID	: SB29.8	789					
	Purpose of Disbursement Contribution		C	)11		Amoun	nt of E	Each	Disburser	nent thi	s Period					
	Candidate Name		Cate	egor ype	ry/			,		2	250.00					
	Office Sought: House Disbursen Senate President	General cify) ▼														
	State: MD District:															
В.	Full Name (Last, First, Middle Initial) Committee to Elect Eric Bromwell						Date o		burse		Y					
	Mailing Address 1 Minte Drive						06 05 2014									
	Baltimore	State MD	Zip Code 21236				Transaction ID : SB29.8736									
	Purpose of Disbursement Contribution			(	)11		Amount of Each Disbursement this Period									
	Candidate Name			Cate	egor ype	ry/										
		nent For: Primary Other (spec	General cify) ▼													
с.	Full Name (Last, First, Middle Initial)	onway					Date o	of Dis	burse	ment						
	Mailing Address 2831 Hillen St.						05	/	22		2014					
	Baltimore	State MD	Zip Code 21218				Trans	sactio	on ID	: SB29.8	727					
	Purpose of Disbursement Contribution			)11		A		h	Dieleuwees		o Dovio d					
	Candidate Name		Cate	egor ype	ry/	Amount of Each Disbursement this Period 875.00										
		General cify) ▼						7								
_	State: MD District: 43															
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S	CHEDULE B (FEC Form 3X)				E NUMBER: PAGE 44 OF 52								
	EMIZED DISBURSEMENTS	for each	arate schedule(s) category of the Summary Page	(check or 21k 27									
	y information copied from such Reports and Stater for commercial purposes, other than using the nam												
$\setminus$	NAME OF COMMITTEE (In Full)	_		_									
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICA	AL ACTION COMMITTEE								
Α.	Full Name (Last, First, Middle Initial) Committee to Elect Ted Sophocleu	ıs			Date of Disbursement								
	Mailing Address 6584 Brentwood Road				06 / D D / Y Y Y Y 2014								
	Linthicum	State MD	Zip Code 21090		Transaction ID : SB29.8761								
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	250.00								
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼										
	State: District:												
В.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Nathaniel C	Daks			Date of Disbursement								
	Mailing Address 513 Normandy Avenue				06 05 2014								
	Baltimore	State MD	Zip Code 21229		Transaction ID : SB29.8753								
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	250.00								
	Office Sought: House Disburser Senate President	ment For: Primary Other (spec	General cify) ▼										
	State: District: Full Name (Last, First, Middle Initial)												
C.	Friends of David Brinkley				Date of Disbursement								
	Mailing Address PO Box 321				06 05 2014								
	New Market	State MD	Zip Code 21774		Transaction ID : SB29.8766								
	Purpose of Disbursement Contribution			011	Amount of Each Disbursement this Period								
	Candidate Name			Category/ Type	250.00								
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼										
s	UBTOTAL of Disbursements This Page (optional)			····· •	750.00								
Т	OTAL This Period (last page this line number only)	)		•••••• •									

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 45 OF 52
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	
Any information copied from such Reports and Sta or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC F	POLITICA	L ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. Friends of Guy Guzzone			Date of Disbursement
Mailing Address 9702 Deep Smoke			05 22 2014
City Columbia	StateZip CodeMD21046		Transaction ID : SB29.8725
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	500.00	
Office Sought: House Disbur Senate President			
State:         District:           Full Name (Last, First, Middle Initial)           B. Friends of JB Jennings			Date of Disbursement
Mailing Address 6 Bladen St. Room 326			06 / D D / Y Y Y Y 06 2014
City Annapolis	StateZip CodeMD21401		Transaction ID : SB29.8770
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/ Type	250.00
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial) C. Friends of Jim Mathias			Date of Disbursement
Mailing Address 3546 Figgs Landing Road			06 / D D / Y Y Y Y 06 2014
City Snow Hill	StateZip CodeMD21863		Transaction ID : SB29.8773
Purpose of Disbursement Contribution Candidate Name		011 Category/	Amount of Each Disbursement this Period 500.00
Office Sought: House Disbur Senate President State: District:	sement For: Primary General Other (specify)	Туре	
SUBTOTAL of Disbursements This Page (optional TOTAL This Period (last page this line number o			1250.00

S	CHEDULE B (FEC Form 3X)		F			JMBER			PA	GE 46	OF 52			
IT	EMIZED DISBURSEMENTS		arate schedule(s) category of the		heck	c only o	ne)		00					
			Summary Page			21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b		
	ny information copied from such Reports and Staten for commercial purposes, other than using the nan										g contribu			
$\square$	NAME OF COMMITTEE (In Full)													
//	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL		CAL	ACTI	ON	CO	MMIT	TEE			
<u> </u>	Full Name (Last, First, Middle Initial)													
Α.	Friends of Joanne Benson						Date of Disbursement							
	Mailing Address PO Box 4700				06 / 06 / Y Y Y Y Y									
	5	State MD	Zip Code				Trans	sactio	on ID	: SB29.8	785			
	Capitol Heights Purpose of Disbursement	20791			_									
	Contribution			C	011		Amoun	t of E	Each	Disburse	nent this	Period		
	Candidate Name				egory ype	y/			,	7	25	0.00		
	Office Sought: K House Disburser Senate President													
	State: MD District:	Other (spe												
Р	Full Name (Last, First, Middle Initial)						Data							
в.	Friends of John Astle						Date o		ourse		Y Y	N.		
	Mailing Address 51 Fleet St.						06	/	0		2014	Y		
	City S Annapolis	State MD	Zip Code 21401				Transaction ID : SB29.8765							
	Purpose of Disbursement	MD	21401	-	-									
	Contribution			(	011		Amount of Each Disbursement this Perio							
	Candidate Name				egory ype	y/	250.00							
	Office Sought: House Disburser	ment For:		-	,			,	/	,				
	Senate	Primary	General											
	State: MD District: 30	Other (spe	city) 🔻											
_	Full Name (Last, First, Middle Initial)													
C.	Friends of Johnny Olszewski, JR						Date o	_						
	Mailing Address PO Box 35202						м м 06	/	Ō		2014	Y		
	,	State	Zip Code				Trans	sactio	on ID	: SB29.8	776			
	Dundalk Purpose of Disbursement	MD	21222	_							-			
	Contribution			C	011		Amoun	t of E	Each	Disburse	nent this	Period		
	Candidate Name		egory ype	y/	250.00									
	Office Sought: House Disburser	ment For:			300		<u> </u>		,	7				
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l '	<b>OTAL</b> This Period (last page this line number only)	,							,					

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER:								
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30b							
Any information copied from such Reports and State or for commercial purposes, other than using the nar										
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			Date of Disbursement							
	State Zip Code		00 03 2014							
College Park Purpose of Disbursement	MD 20740		Transaction ID : SB29.8757							
Contribution		011	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	250.00							
Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼									
State: District:										
Full Name (Last, First, Middle Initial) <b>B. Friends of Kathy Szeliga</b>			Date of Disbursement							
Mailing Address PO Box 40			06 05 2014							
Kingsville	StateZip CodeMD21087		Transaction ID : SB29.8762							
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	250.00							
Office Sought: House Disburse Senate President State: MD District:	ment For: Primary General Other (specify) ▼									
Full Name (Last, First, Middle Initial) C. Friends of Kirill Reznik			Date of Disbursement							
Mailing Address 18469 Stone Hollow Dr.			06 / 05 / 2014							
City Germantonw	State Zip Code MD 20874		Transaction ID : SB29.8764							
Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	250.00							
Senate       President	ment For: Primary General Other (specify) ▼									
State: MD District: 39										
SUBTOTAL of Disbursements This Page (optional).		····· •	750.00							
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S	CHEDULE B (FEC Form 3X)		LINF N	E NUMBER: PAGE 48 OF 52											
IT	EMIZED DISBURSEMENTS		rate schedule(s) category of the		heck	c only	one)	·							
			Summary Page			21b 27	22 		23 28b	24 28c	25 X 29				
	y information copied from such Reports and Staten for commercial purposes, other than using the nam				any	persor	n for the	purp	ose c	of solicitin	g contril	outions			
$\left[ \right]$	NAME OF COMMITTEE (In Full)			_		_	_	_							
	FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC	POL	ITI										
Α.	Full Name (Last, First, Middle Initial) Friends of Lisa Gladden						Date o	of Dis	burse	ment					
	Mailing Address 17 W Courtland Street, Suite 210			06 06											
	City S Baltimore	State MD	Zip Code 21117				Trans	sactio	on ID	: SB29.8	788				
	Purpose of Disbursement	21117	_	_											
	Contribution			0	011		Amoun	nt of I	Each	Disburse	ment this	s Period			
	Candidate Name		Cate T	egory ype	у/			,	7	2	50.00				
	Office Sought: House Disbursen Senate	nent For: Primary	General												
		Other (spec	cify) ▼												
	State: District: Full Name (Last, First, Middle Initial)														
В.	Friends of Luis Simmons						Date o								
	Mailing Address 8613 Cedar Street			06 06 2014											
	- 9	State MD	Zip Code 20910				Tran	sacti	on ID	: SB29.8	779				
	Purpose of Disbursement		20010	-	-		-								
	Contribution Candidate Name			C	)11		Amount of Each Disbursement this Period								
					Category/ Type							250.00			
	Office Sought: House Disbursen														
		Primary Other (spec	General												
	State: District:	Callor (opoc	,												
~	Full Name (Last, First, Middle Initial)						Data	( Die	<b></b>						
С.	Friends of Mary-Dulany James						Date o	_	Durse		Y Y Y				
	Mailing Address PO Box 417						06	Í	00		2014	- 1			
	,	State MD	Zip Code 21078				Tran	sacti	on ID	: SB29.8	769				
	Purpose of Disbursement			-	-										
	Contribution Candidate Name		Cate	)11 egory	y/	Amount of Each Disbursement this Period									
	Office Sought: House Disbursen		Ţ	ype			_	,		2	50.00				
	Senate	General													
	President	cify) 🔻													
_	State: MD District: 34														
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SCHEDULE B (FE	C Form 3X)			FO	R LINE		ł:	PA	GE 49 (	DF 52
ITEMIZED DISBUR		for each Detailed	arate schedule(s) category of the Summary Page		eck on 21b 27	22 28a	23 28b	24 28c	25 X 29	26 30b
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NAME OF COMMITTEE ( FIRST COLONIE	,	ASSOC	IATES LLC	POLI	TICA	L ACT		DMMIT	TEE	
Full Name (Last, First, Mic A. Friends of Nic Kip	,					Date o	of Disburs		YY	Y
Mailing Address 209 S. Ca	arolina Ave.					06	(	)5	2014	
City Pasadena	Ş	State MD	Zip Code 21122			Tran	saction ID	: SB29.8	745	
Purpose of Disbursement Contribution				01	11	Amour	nt of Each	Disburse	nent this	Period
Candidate Name				Cate Ty					250	0.00
Se	ouse Disburser onate esident	nent For: Primary Other (spec	General cify) ▼			_				
State: District: Full Name (Last, First, Mid										
B. Friends of Pete H						Date o	of Disburse		Y Y	V
Mailing Address 188 Mair Suite 1	n Street					05		22	2014	
City Annapolis	\$	State MD	Zip Code 21401			Tran	saction II	) : SB29.8	732	
Purpose of Disbursement Contribution				0,	11	Amour	nt of Each	Disburser	ment this	Period
Candidate Name				Cate Ty			7	7	500	0.00
Se		nent For: Primary Other (spec	General cify) ▼							
Full Name (Last, First, Mid C. Friends of Roger	ddle Initial)						of Disburse			
Mailing Address 2138 Mer	rifields Dr.					06		06 / Y	2014	Y
City Silver Spring Purpose of Disbursement		State MD	Zip Code 20906			Tran	saction ID	) : SB29.8	772	
Contribution Candidate Name				01 Cate Ty	gory/	Amour	nt of Each	Disburse		Period ).00
Se	esident Disburser	nent For: Primary Other (spec	General cify) ▼		<u> </u>					
SUBTOTAL of Disbursemen TOTAL This Period (last page							7	7	1250	.00

S	CHEDULE B (FEC Form 3X)			F	DR L	INE N	UMBEF	R:		PA	GE 50	OF 52
_	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(c	heck	only o 21b 27	one) 22 28a		23 28b	24 28c	25 X 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the name											
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POL	ITI	CAL	ACTI	ION	СО	MMIT	TEE	
Α.	Full Name (Last, First, Middle Initial) Friends of Shawn Tarrant						Date o		burse		Y Y	Y
	Mailing Address PO Box 67047						06		0	5	2014	
	Baltimore	State MD	Zip Code 21215				Tran	sacti	on ID	: SB29.8	763	
	Purpose of Disbursement Contribution			0	11		Amour	nt of	Each	Disbursei	ment this	Period
	Candidate Name				egory /pe	//			,		25	0.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spe	General cify) ▼									
	State:     MD     District:     40       Full Name (Last, First, Middle Initial)											
В.	Friends to Re-Elect Addie Eckardt						Date o		burse		Y Y	Y
	Mailing Address 900 Marshy Cove, #304						06		0		2014	
	City Cambridge	State MD	Zip Code 21613				Tran	sacti	on ID	: SB29.8	768	
	Purpose of Disbursement Contribution			C	011		Amour	nt of	Each	Disburse	ment this	Period
	Candidate Name			Cate Ty	egory /pe	//			,		25	0.00
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (spe	General cify) ▼									
<u>с</u> .	Full Name (Last, First, Middle Initial) Friends to Re-Elect Norman Conw	ay					Date of					
	Mailing Address 17 W Courtland Street, Suite 210						06	A 7	0		2014	Y
	Bel Air	State MD	Zip Code 21014				Tran	sacti	on ID	: SB29.8	739	
	Purpose of Disbursement Contribution			0	11		Amour	nt of	Each	Disbursei	ment this	Period
					egory ype	//			,	. ,	25	0.00
	Senate President	ment For: Primary Other (spe	General cify) ▼									
Г	State: District:						_	-	_			
⊢	<b>CUBTOTAL</b> of Disbursements This Page (optional)						ŀ	-	7		75	0.00
11	<b>OTAL</b> This Period (last page this line number only)	)					<u></u>	_	7			

S	CHEDULE B (FEC Form 3X)			FC	DR LI	INE N	UMBER	:		PA	GE 51	OF 52
	EMIZED DISBURSEMENTS	for each c Detailed S	rate schedule(s) ategory of the Summary Page		2	only 0 21b 27	22 28a		23 28b	24 28c	25 X 29	26 30b
	ny information copied from such Reports and Stater for commercial purposes, other than using the nar											
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOCI	ATES LLC	POL	ITIC	CAL	ACTI	ON	со	MMIT	TEE	
Α.	Full Name (Last, First, Middle Initial) People for Pendergrass						Date o		burse		Y Y Y	Y
	Mailing Address PO Box 6711						06		05	5	2014	
	Columbia	State MD	Zip Code 21045				Trans	sactio	on ID	: SB29.8	759	
	Purpose of Disbursement Contribution			0	11	1	Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name				gory/ pe	/			,	. ,	25	0.00
	Office Sought: House Disburset Senate President	ment For: Primary Other (speci	General ify) ▼									
	State: MD District: Full Name (Last, First, Middle Initial)											
В.	Supports of Thomas Middleton						Date o		burse		Y Y Y	Y
	Mailing Address 11 Bladen Street						06		06		2014	
	City Annapolis	State MD	Zip Code 21401				Trans	sactio	on ID	: SB29.8	3774	
	Purpose of Disbursement Contribution			0	11	1	Amoun	t of E	Each	Disburse	ment this	Period
	Candidate Name				gory/ /pe	/			,	. ,	100	0.00
	Office Sought: House Disburser Senate President District:	ment For: Primary Other (speci	General ify) <b>▼</b>									
с.	Full Name (Last, First, Middle Initial)						Date o	f Dis	bursei	ment		
	Mailing Address 2212 Dalewood Road						04	/	03		2014	Y
	City	State MD	Zip Code 21093				Trans	sactio	on ID	: SB29.8	3719	
	Purpose of Disbursement Contribution			0	11	٦	Amoun	tof		Dieburee	ment this	Period
	Candidate Name				gory/ pe	/	Anoun					0.00
	Senate President	ment For: Primary Other (speci	General ify) <b>▼</b>		•				7			<u> </u>
Г	State: District:						_	-	_			_
s	<b>UBTOTAL</b> of Disbursements This Page (optional)				)		<u>_</u>	-	,	7	525	0.00
т	OTAL This Period (last page this line number only)	)			)		L.		,	7	1475	0.00

### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE				
PAGE	52	OF	52	

FOR LINE 21a OF FORM 3X

NAME	OF	COMMITTEE	(In Full)
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F	<b>IRST COLONIES ANESTHESIA ASSOCIATES LLC</b>	POLITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial)         Transaction ID : H4.8716		Allocated Activity or Event:
	Barbara Marx Brocato & Associates		Administrative Fundraising Exempt
	Mailing Address 18 Pinkney Street		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Annapolis MD 21401		- Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Lobbying expense		8207.31
	Activity or Event Identifier:		7 7 7 7 7
	Administrative	Category/ Type	Date 06 05 2014
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00	2050.60	2050.60
	0.00	2859.60	2859.60
В.	Full Name (Last, First, Middle Initial)		Allocated Activity or Event:
	M. The Address		Administrative Fundraising Exempt
	Mailing Address		Voter Drive Direct Candidate Support
	City State Zip Code		Public Comm (ref to party only) by PAC
	Durages of Dishurgements		Allocated Activity or Event Year-To-Date
	Purpose of Disbursement:		
	Activity or Event Identifier:		
		Category/ Type	
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
	FEDERAL SHARE + NONFEDERAL	SHARE	= TOTAL AMOUNT
		SHARE	
<b>C</b> .	FEDERAL SHARE     +     NONFEDERAL       7     7     7       Full Name (Last, First, Middle Initial)     7	SHARE	Allocated Activity or Event:
<u>с.</u>		SHARE	Allocated Activity or Event:
<u>с.</u>	Full Name (Last, First, Middle Initial)       Mailing Address	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
C.	Full Name (Last, First, Middle Initial)	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
C.	Full Name (Last, First, Middle Initial)       Mailing Address	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support
<u>.</u>	Full Name (Last, First, Middle Initial)       Mailing Address       City     State       Zip Code	SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
c.	Full Name (Last, First, Middle Initial)       Mailing Address       City     State       Zip Code		Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
<u>c</u> .	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:	SHARE Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
c.	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C.	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:         Activity or Event Identifier:	Category/ Type	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
<u>c</u> .	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:         Activity or Event Identifier:	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:         Activity or Event Identifier:	Category/ Type	Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:         Activity or Event Identifier:         FEDERAL SHARE       +         NONFEDERAL	Category/ Type SHARE	Allocated Activity or Event:  Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date
	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Purpose of Disbursement:         Activity or Event Identifier:         FEDERAL SHARE       +         NONFEDERAL         JBTOTAL of Allocated Federal and NonFederal Activity This Page	Category/ Type SHARE	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT = TOTAL AMOUNT
รเ	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Zip Code         Purpose of Disbursement:         Activity or Event Identifier:         FEDERAL SHARE       +         NONFEDERAL         JBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL	Category/ Type SHARE SHARE 2859.60	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT = TOTAL AMOUNT 2859.60
รเ	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Zip Code         Purpose of Disbursement:         Activity or Event Identifier:         FEDERAL SHARE       +         NONFEDERAL         JBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL         0.00	Category/ Type SHARE 2859.60 d NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT = TOTAL AMOUNT 2859.60
รเ	Full Name (Last, First, Middle Initial)         Mailing Address         City       State         Zip Code         Purpose of Disbursement:         Activity or Event Identifier:         FEDERAL SHARE       +         NONFEDERAL         JBTOTAL of Allocated Federal and NonFederal Activity This Page         FEDERAL SHARE       +         NONFEDERAL         0.00         DTAL This Period (last page for each line only)(Federal share to 21(a)(i) and	Category/ Type SHARE 2859.60 d NonFederal sh	Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Date TOTAL AMOUNT = TOTAL AMOUNT 2859.60 are to 21(a)(ii))