Image# 12962889037				PAGE 1 / 64
	EPORT OF RE ND DISBURSE Other Than An Authoriz	EMENTS		
1. NAME OF TYP	PE OR PRINT V	Example: If typing, type		Use Only
COMMITTEE (in full)		over the lines.	12FE4M5	
FIRST COLONIES ANES				
ADDRESS (number and street)	490 New Technology Way			
Check if different than previously reported. (ACC)	Frederick		MD 217(	)3
2. FEC IDENTIFICATION NUMB	SER ▼ CITY ▲		STATE 🔺	ZIP CODE
C C00416305	3. IS THI REPO		AMENDED (A)	)
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31</li> </ul>	(b) Monthly Report Due On: (c) 12-Day <b>PRE</b> -Election Report for the:	//3) Jun 20 (M6)		(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
July 31 Mid-Year         Report (Non-election         Year Only) (MY)         Termination Report (TER)	(d) 30-Day <b>POST</b> -Election Report for the: Election on	General (30G)	Runoff (30R)	State of Special (30S) in the State of MD
5. Covering Period	/ D D / Y Y Y Y 18 2012	through 11	26 20	012
I certify that I have examined this R Type or Print Name of Treasurer	eport and to the best of my k Dr. Jeffrey Briggs	nowledge and belief it is t	rue, correct and compl	
Signature of Treasurer	y Briggs	[Electronically Filed]		6 / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information may	subject the person signing	this Report to the penal	ties of 2 U.S.C. §437g.
Office Use Only				C FORM 3X Rev. 12/2004

### 12/06/2012 15 : 46

### 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:	0 18 2012 To	. <u>11</u> <u>26</u> <u>Y Y Y Y Y</u> <u>2012</u>
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		89717.90
	(b) Cash on Hand at Beginning of Reporting Period	104165.27	
	(c) Total Receipts (from Line 19)	9460.00	45750.00
	<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>	113625.27	135467.90
7.	Total Disbursements (from Line 31)	7500.00	29342.63
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	106125.27	106125.27
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

DETAILED	<b>SUMMARY</b>	PAGE
		IAME

of Receipts

Page 3

### FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	8770.00	34000.00
(i) Itemized (use Schedule A)	7 7	
	000.000	11750.00
(ii) Unitemized	690.00	11730.00
(iii) TOTAL (add	9460.00	45750.00
Lines 11(a)(i) and (ii)	7 7 7 00.00	7 7 7 10100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	9460.00	45750.00
Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7 7	7 7 7
All Loans Received	0.00	0.00
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
. Loan Repayments Received	0.00	0.00
. Offsets To Operating Expenditures		7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	0.00
Other Federal Receipts	7 7 7	7 7
(Dividends, Interest, etc.)	0.00	0.00
Transfers from Non-Federal and Levin Funds		5 5 6
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
	7 7	7 7
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))►	9460.00	45750.00
. Total Federal Receipts		
(subtract Line 18(c) from Line 19) ►	9460.00	45750.00

### DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Re	ev. 02/2003)	of Disbursements	Page 4
II. Disburse	ements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditure (a) Allocated Federal Activity (from Sch	Non-Federal		Calendar Year-to-Date
, ,	e	0.00	0.00
	Share	0.00	13492.63
(b) Other Federal Op Expenditures	erating	0.00	0.00
(c) Total Operating E	xpenditures	0.00	13492.63
Transfers to Affiliated/0	i), and (b))▶ Dther Party		
Committees Contributions to Federal Candidates/Co		0.00	0.00
and Other Political Co Independent Expenditu	mmittees	7500.00	7500.00
(use Schedule E) Coordinated Party Exp		0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)		0.00	0.00
Loan Repayments Mad	de	0.00	0.00
Loans Made	<u>-</u>	0.00	0.00
Refunds of Contributio (a) Individuals/Person Than Political Cor		0.00	0.00
(b) Political Party Cor	nmittees	0.00	0.00
(c) Other Political Co		0.00	0.00
(d) Total Contribution (add Lines 28(a),	(b), and (c))►	0.00	0.00
Other Disbursements.		0.00	8350.00
Federal Election Activi (a) Allocated Federal	Election Activity		
(from Schedule H (i) Federal Share	o)	0.00	0.00
		0.00	0.00
With Federal	Activity Paid Entirely Funds	0.00	0.00
( )	tion Activity (add (a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (a			
23, 24, 25, 26, 27, 28	(d), 29 and 30(c))	7500.00	29342.63
Total Federal Disburse (subtract Line 21(a)(ii)			
from Line 31)		7500.00	15850.00

L

### 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)	9460.00	45750.00
<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>	9460.00	45750.00
<ul> <li>Total Federal Operating Expenditures</li> <li>(add Line 21(a)(i) and Line 21(b))</li> </ul>	0.00	0.00
<ul> <li>Offsets to Operating Expenditures (from Line 15, page 3)</li> </ul>	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)

PAGE 6 OF

64

		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 ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial)           Dr. Maksim Barkinskiy           Mailing Address 10021 Dickens Avenue			Date of Receipt	
City Bethesda	State MD	Zip Code 20814	10 25 2012 Transaction ID : SA11AI.6635	
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 ▼ 450.00		
Full Name (Last, First, Middle Initial) B. Dr. Maksim Barkinskiy	Dr. Maksim Barkinskiy			
Mailing Address 10021 Dickens Avenue	11 / D D / Y Y Y Y 2012			
Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6731 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		50.00	
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 Initial) C. Dr. Marc Beck			Date of Receipt	
Mailing Address 16 Norris Run Court			10 25 2012	
City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.6657           Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	S C C			
Name of Employer	Occupation	1	Payroll deduction	
First Colonies Anesthesia	Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	1	
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)

PAGE 7 OF

64

		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 POLITICA	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. Marc Beck	Date of Receipt		
	Mailing Address 16 Norris Run Court	11 23 2012		
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.6753           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	<ul> <li>Payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Briggs			Date of Receipt
	Mailing Address 14952 Finegan Farm Rd.	10 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City Germantown	State MD	Zip Code 20874	Transaction ID : SA11AI.6612 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 ▼ 450.00	
с.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Briggs			Date of Receipt
	Mailing Address 14952 Finegan Farm Rd.			M M / D D / Y Y Y Y 11 23 2012
	City Germantown	State MD	Zip Code 20874	Transaction ID : SA11AI.6707 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 ▼ 500.00	
	<b>CUBTOTAL</b> of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 8 OF

64

		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANEST	HESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Mailing Address 15229 National Pike			Date of Receipt
City	State MD	Zip Code 21740	Transaction ID : SA11AI.6686
Hagerstown	NID.	21740	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	Year-to-Date ▼ 450.00	1
Full Name (Last, First, Middle Initial) B. Dr. John Bunker	·		Date of Receipt
Mailing Address 15229 National Pike	11 23 2012		
City	State	Zip Code	Transaction ID : SA11AI.6782
Hagerstown	MD	21740	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) ▼		, 500.00	1
Full Name (Last, First, Middle Initial) C. Dr. Rachel Cappuccino	I		Date of Receipt
Mailing Address 2811 Sommersby Rd.	Mailing Address 2811 Sommersby Rd.		
City	State	Zip Code	Transaction ID : SA11AI.6680
Mt. Airy	MD	21771	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		25.00
Name of Employer	Occupation		Payroll deduction
First Colonies Anestheisa	Physician		
Receipt For:	Aggregate	Year-to-Date 🔻	
Other (specify)		225.00	1
SUBTOTAL of Receipts This Page (optic	, nal)		125.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 9 OF

64

	EMIZED 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 to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Rachel Cappuccino         Mailing Address 2811 Sommersby Rd.		State	Zip Code	Date of Receipt
	City Mt. Airy FEC ID number of contributing	MD	21771	Transaction ID : SA11AI.6776          Amount of Each Receipt this Period         25.00
	federal political committee. Name of Employer	Occupation		Payroll deduction
	First Colonies Anestheisa         Receipt For:         Primary       General         Other (specify) ▼	Physician       Aggregate	Year-to-Date ▼ 250.00	
в.	Full Name (Last, First, Middle Initial)           Dr. Donald Charney           Mailing Address 3707 Meadowhill Court			Date of Receipt
	City Phoenix	State MD	Zip Code 21131	10     25     2012       Transaction ID : SA11AI.6658       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		Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
C.	Full Name (Last, First, Middle Initial) Dr. Donald Charney			Date of Receipt
	Mailing Address 3707 Meadowhill Court	11 23 2012		
	Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.6754           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	50.00 Payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician	I	
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
s	<b>UBTOTAL</b> of Receipts This Page (optional)		•	125.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 10 OF

64

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 s or for commercial purposes, other than using th		person for the purpose of soliciting contributions tee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITI	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Satyam Chary         Mailing Address 9 Alterwood Lane         City         Owings Mill         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD       Zip Code 21117         C       Occupation         Physician       Aggregate Year-to-Date ▼         450.00       450.00	Date of Receipt Transaction ID : SA11AI.6659 Amount of Each Receipt this Period Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Satyam Chary         Mailing Address 9 Alterwood Lane         City         Owings Mill         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     21117       C       Occupation       Physician       Aggregate Year-to-Date ▼       500.00	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6755 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Thomas Chau         Mailing Address 7204 Loch Edin Court         City         Potomac         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD     Zip Code 20854       C       Occupation Physician       Aggregate Year-to-Date ▼	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6613 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)......

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 11 OF

64

TIEMIZED 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 ANESTHE	ESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Thomas Chau         Mailing Address 7204 Loch Edin Court         City         Potomac         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 20854 Year-to-Date ▼ 500.00	Date of Receipt Transaction ID : SA11AI.6708 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Dwayne Chen         Mailing Address 12808 Spring Drive         City         Rockville         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 20850 Year-to-Date ▼ 450.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Dwayne Chen         Mailing Address       12808 Spring Drive         City       Rockville         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 20850 Year-to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	)		150.00

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

10

.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 12 OF

64

	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					
A.	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt				
	Mailing Address 10209 Fleming Avenue			10 25 2012			
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6614           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 ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. Edward Chen		Date of Receipt				
	Mailing Address 10209 Fleming Avenue			M M / D D / Y Y Y Y Y 11 23 2012			
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.6710 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 ▼ 500.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. William Chester			Date of Receipt			
	Mailing Address 13771 Lambertina Place			M M / D D / Y Y Y Y 10 25 2012			
	City S Rockville		Zip Code 20850	Transaction ID : SA11AI.6615 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.		С		50.00			
	Name of Employer         Occupat           First Colonies Anesthesia         Physicia		1	Payroll deduction			
				_			
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00					
	UBTOTAL of Receipts This Page (optional)	150.00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 13 OF

64

TIEMIZED RECEIPTS	for each category of Detailed Summary	
		by any person for the purpose of soliciting contributions committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSOCIATES LLC P	OLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. William Chester         Mailing Address 13771 Lambertina Place         City         Rockville         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD     Zip Code 20850       C       Occupation Physician       Aggregate Year-to-Date ▼	Date of Receipt  Date of Receipt  11 23 2012 Transaction ID : SA11AI.6711  Amount of Each Receipt this Period  500.00
Full Name (Last, First, Middle Initial)         B.       Dr. Lincoln Coore         Mailing Address 11546 Fox River Road         City         Ellicott City         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthsia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     21042       C     Occupation       Physician       Aggregate Year-to-Date ▼	Date of Receipt Date of Receipt 10 25 2012 Transaction ID : SA11AI.6666 Amount of Each Receipt this Period 75.00 Payroll deduction 675.00
Full Name (Last, First, Middle Initial)         C.       Dr. Lincoln Coore         Mailing Address       11546 Fox River Road         City       Ellicott City         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthsia         Receipt For:         Primary       General         Other (specify) ▼	State MD     Zip Code 21042       C       Occupation Physician       Aggregate Year-to-Date ▼	Date of Receipt Tansaction ID : SA11AI.6762 Amount of Each Receipt this Period 750.00 Tansaction ID : SA11AI.6762 Amount of Each Receipt this Period 750.00
SUBTOTAL of Receipts This Page (optional)		

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

10

- J -

.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 14 OF

64

TIEMIZED 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	AL ACTION COMMITTEE				
A. Full Name (Last, First, Middle Initial) Mailing Address 18720 Shremor Drive City Derwood	State MD	Zip Code 20855	Date of Receipt		
FEC ID number of contributing federal political committee.	C		Payroll deduction		
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 450.00			
Full Name (Last, First, Middle Initial)           Dr. Melvin Coursey           Mailing Address 18720 Shremor Drive			Date of Receipt		
City Derwood	State MD	Zip Code 20855	11     23     2012       Transaction ID : SA11AI.6712       Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	C Occupation Physician		Payroll deduction		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	]		
Full Name (Last, First, Middle Initial) C. Dr. Lauren Deloach			Date of Receipt		
Mailing Address 15114 Pepperridge Drive	ng Address 15114 Pepperridge Drive State Zip Code				
Bowie FEC ID number of contributing federal political committee.	MD C	20721	Amount of Each Receipt this Period		
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	Payroll deduction		
Other (specify) ▼ 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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 15 OF

64

	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
	v information copied from such Reports and S or 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 ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive			Date of Receipt		
	City Bowie	State MD	Zip Code 20721	Transaction ID : SA11AI.6772           Amount of Each Receipt this Period		
	FEC ID number of contributing ederal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	I	Payroll deduction		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
	Full Name (Last, First, Middle Initial) Patrick Dono			Date of Receipt		
-	Mailing Address 17136 Wesley Chapel Rd.	10 / Y Y Y Y 10 25 2012				
	City	State MD	Zip Code	Transaction ID : SA11AI.6660		
-	Monkton FEC ID number of contributing rederal political committee.	C	21111	Amount of Each Receipt this Period		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00			
	Full Name (Last, First, Middle Initial) Patrick Dono			Date of Receipt		
-	Mailing Address 17136 Wesley Chapel Rd.	7.0.1	11 23 / Y Y Y Y 2012			
-	City Monkton	State MD	Zip Code 21111	Transaction ID : SA11AI.6756           Amount of Each Receipt this Period		
	FEC ID number of contributing iederal political committee.	С		25.00		
	Name of Employer	Occupation	l	Payroll deduction		
	First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 250.00			
รเ	IBTOTAL of Receipts This Page (optional)		····· •	100.00		

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

\_\_\_\_\_

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 16 OF

64

			Detailed Summary Page	×	(11a		11b	'	11c	12	Г	47
Ar	ny information copied from such Reports and S	tatements ma	v not be sold or used by any pe	rson	13 for the		14 14	of	15 soliciting	16 a contrib		17 15
	or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.											
	NAME OF COMMITTEE (In Full)					~		~-				
$\angle$	FIRST COLONIES ANESTHES		CIATES LLC POLITICA	4L / 				0N				
Α.	Full Name (Last, First, Middle Initial) Dr. Ali Emamhosseini				Date o	f Re	)Cein	t				
<i>,</i> -1.	Mailing Address 8370 Greensboro Drive						· ·	D	/ •	Y Y	Y	
	Apt #208				10			25		2012		
	City	State	Zip Code						SA11AI.			
	McLean	VA	22102	-  :	Amour	nt of	Eacl	h R	eceipt th	nis Perio	d	_
	FEC ID number of contributing federal political committee.	С			L	_	5		7	5	50.00	)
	Name of Employer	Occupation		-  F	Payroll	aedı	uction	n				
	First Colonies Anesthesia	Physician										
	Receipt For: Primary General	Aggregate	Year-to-Date ▼									
	Other (specify)		450.00									
-	<b>·</b>		15 I I I I I I I I I I I I I I I I I I I									
в.	Full Name (Last, First, Middle Initial) Dr. Ali Emamhosseini				Date c	f Re	ceip	t				
	Mailing Address 8370 Greensboro Drive				MM	7			/ Y	Y Y	Y	1
	Apt #208	State	Zip Code		11 Trong			23 • • •		2012	-	
	McLean	VA	22102						SA11AL		d	
	FEC ID number of contributing	0					-40					-
	federal political committee.				50					50.00	)	
	Name of Employer	Occupation		-  P	ayroll o	dedu	iction	۱				
	First Colonies Anesthesia	Physician										
	Receipt For:	Aggregate	Year-to-Date ▼									
	Other (specify)		500.00									
	• (••••••) ¥		· · · · · · · · · · · · · · · · · · ·		_	_	_	_			_	
— С	Full Name (Last, First, Middle Initial) Dr. Todd Epstein				Date o	f Re	cein	t	_	_		
٠.	Mailing Address 11305 Struttman Terrace				10 Date 0		D		/ Y	2012	Y	1
	City	State	Zip Code			sact		1	SA11AI.		-	
	North Bethesda	MD	20852						eceipt th		d	
	FEC ID number of contributing	С			-	-					50.00	)
	federal political committee.	U			) 	d - '		-	- 7	<u> </u>		
	Name of EmployerOccupatiFirst Colonies AnesthesiaPhysiciarReceipt For:AggregationPrimaryGeneral			-  F	Payroll	aedı	uctio	n				
			Year-to-Date ▼									
	Other (specify)		450.00									
-	<b>_</b>		AF				-					
s	UBTOTAL of Receipts This Page (optional)					-	7		- 7	15	0.00	
т	OTAL This Period (last page this line number	only)	<b>&gt;</b>									

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 17 OF

64

TIEMIZED RECEIPTS		r each category of the etailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	ESIA ASSOCIA	TES LLC POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Todd Epstein         Mailing Address 11305 Struttman Terrace         City         North Bethesda         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼		Zip Code 20852 to-Date ▼ 500.00	Date of Receipt  Transaction ID : SA11AI.6740  Amount of Each Receipt this Period  Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Richard Evans         Mailing Address 6436 West Langley Lane         City		Zip Code	Date of Receipt
McLean         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	VA C Occupation Physician Aggregate Year	22101 to-Date ▼ 450.00	Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Richard Evans         Mailing Address       6436 West Langley Lane         City       McLean         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)		Zip Code 22101 to-Date ▼ 500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	I)		150.00

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 18 OF

64

	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 POLITICA	AL ACTION COMMITTEE				
Α.				Date of Receipt				
	Mailing Address 4107 Vickie Lynn Court	State	Zip Code	10 25 2012 Transaction ID : SA11AI.6689				
	Mt. Airy	MD	21771	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		30.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia Receipt For:	Physician	Veer te Dete 🗮	_				
	Primary General Other (specify)	Aggregale	Year-to-Date ▼ 270.00					
В.	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler	Date of Receipt						
	Mailing Address 4107 Vickie Lynn Court	11 23 2012						
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.6785 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С	30.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician		<ul> <li>Payroll deduction</li> </ul>				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Ronald Flax	Date of Receipt						
	Mailing Address 3715 Birchmere Ct.		10 25 2012					
	City Owings Mills		Zip Code 21117	Transaction ID : SA11AI.6661 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		25.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia Physici			_				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00					
	UBTOTAL of Receipts This Page (optional)			85.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 19 OF

64

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 or for commercial purposes, other than using t					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCI	ATES LLC POLITIC	AL ACTION COMMITTEE		
Full Name (Last, First, Middle Initial)         A.       Ronald Flax         Mailing Address 3715 Birchmere Ct.         City         Owings Mills         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 Yea	Zip Code 21117 ar-to-Date ▼ 250.00	Date of Receipt          M       /       23       2012         Transaction ID : SA11AI.6757         Amount of Each Receipt this Period         25.00         Payroll deduction		
Full Name (Last, First, Middle Initial) <b>B.</b> Dr. Tamara Gabrielli Mailing Address 504 Reserve Champion Driv City	ve State	Zip Code	Date of Receipt		
Rockville	MD	20850	Transaction ID : SA11AI.6690 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate Yea	ar-to-Date ▼ 450.00	Payroll deduction		
Full Name (Last, First, Middle Initial) C. Dr. Tamara Gabrielli					
Mailing Address 504 Reserve Champion Dri	11 23 2012				
City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.6786 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer	Occupation				
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify) ▼	Aggregate Yea	ar-to-Date ▼ 500.00			
SUBTOTAL of Receipts This Page (optional).			125.00		

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 20 OF

64

11E	MIZED 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 to solicit contributions from such committee.			
	IAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
	Full Name (Last, First, Middle Initial)         Thomas Gambon         Mailing Address 7700 Charleston Dr.         Dity         Bethesda         EC ID number of contributing         ederal political committee.         Iame of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20817 Year-to-Date ▼ 450.00	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6701 Amount of Each Receipt this Period 50.00 Payroll deduction			
B	Full Name (Last, First, Middle Initial) Thomas Gambon Mailing Address 7700 Charleston Dr.			Date of Receipt			
	City	State MD	Zip Code	Transaction ID : SA11AI.6797			
_	Bethesda	MD	20817	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		50.00			
	lame of Employer	Occupation		Payroll deduction			
	irst Colonies Anesthesia	Physician					
F	Receipt For:	Aggregate	Year-to-Date ▼				
	Other (specify)		500.00				
	ull Name (Last, First, Middle Initial) Dr. James Glass	Date of Receipt					
Ν	Aailing Address 1221 T Street, N.W.	10 25 2012					
	Dity	State	Zip Code	Transaction ID : SA11AI.6640			
_	Washington	DC	20009	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		50.00 Payroll deduction			
N	lame of Employer	Occupation					
	First Colonies Anesthesia	Physician					
F	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)		450.00				
SU	BTOTAL of Receipts This Page (optional)		····· •	150.00			

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

10

7

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 21 OF

64

			for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17			
	r information copied from such Reports and Si or 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	AL ACTION COMMITTEE					
A. Dr. James Glass Mailing Address 1221 T Street, N.W.		State	Zip Code	Date of Receipt			
	Washington	DC	20009	Transaction ID : SA11AI.6736 Amount of Each Receipt this Period			
F	FEC ID number of contributing ederal political committee.	C		50.00			
1	Name of Employer	Occupation		Payroll deduction			
F	First Colonies Anesthesia	Physician					
F	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 500.00				
	Full Name (Last, First, Middle Initial) Dr. Steven Grube			Date of Receipt			
1	Mailing Address 13895 Foxtower Road	10 25 2012					
	City	State	Zip Code	Transaction ID : SA11AI.6691			
-	Thurmont	MD	21788	Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		50.00			
	Name of Employer	Occupation		Payroll deduction			
	First Colonies Anesthesia	Physician					
F	Receipt For:	Aggregate	Year-to-Date <b>V</b>				
	Other (specify)		450.00				
	Full Name (Last, First, Middle Initial) Dr. Steven Grube	Date of Receipt					
1	Mailing Address 13895 Foxtower Road	11 23 2012					
	Dity Thurmont	State MD	Zip Code 21788	Transaction ID : SA11AI.6787 Amount of Each Receipt this Period			
	EC ID number of contributing ederal political committee.	С		50.00 Payroll deduction			
1	Name of Employer	Occupation					
	First Colonies Anesthesia	Physician					
F		Aggregate	Year-to-Date ▼				
	Other (specify)						
su	BTOTAL of Receipts This Page (optional)		····· •	150.00			

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

7 7 7 7

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 22 OF

64

	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						
Full Name (Last, First, Middle Initial)         Dr. Keith Hairston         Mailing Address       12312 Highstakes Drive				Date of Receipt				
	City	State	Zip Code	Transaction ID : SA11AI.6662				
	Reisterstown	MD	21136	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 ▼ 450.00					
в.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston			Date of Receipt				
	Mailing Address 12312 Highstakes Drive	11 23 2012						
	City	State	Zip Code	Transaction ID : SA11AI.6758				
	Reisterstown	MD	21136	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	Aggregate	Year-to-Date ▼					
	Other (specify)							
с.	Full Name (Last, First, Middle Initial) Shelly Hairston	Date of Receipt						
	Mailing Address 12312 Highstakes Drive	10 25 2012						
	City	State	Zip Code	Transaction ID : SA11AI.6685				
	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:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼	imary General						
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00				

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 23 OF

64

	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 e to solicit contributions from such committee.				
NAME OF COMMITTEE FIRST COLONI		CIATES LLC POLITIC	AL ACTION COMMITTEE				
A. Shelly Hairston Mailing Address 12312	·		Date of Receipt				
City	State	Zip Code	Transaction ID : SA11AI.6781				
Reisterstown	MD	21136	Amount of Each Receipt this Period				
FEC ID number of cont federal political committ	ů (		50.00				
Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesi	ia Physician						
Receipt For: Primary Other (specify) ▼	General Aggregate	Year-to-Date ▼ 350.00					
Full Name (Last, First, <b>B.</b> Dr. John Hanna	Middle Initial)		Date of Receipt				
Mailing Address 9310 L	eigh Mill Ct.	10 25 2012					
City	State	Zip Code	Transaction ID : SA11AI.6645				
Great Falls	VA	22066	Amount of Each Receipt this Period				
FEC ID number of cont federal political committ	ů (		50.00				
Name of Employer	Occupation		Payroll deduction				
First Colonies Anesthesi	a Physician						
Receipt For: Primary Other (specify) ▼	General	Year-to-Date ▼ 450.00	]				
Full Name (Last, First, <b>C.</b> Dr. John Hanna	Middle Initial)	Date of Receipt					
Mailing Address 9310 L	-	M M / D D / Y Y Y Y Y 11 23 2012					
City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.6741 Amount of Each Receipt this Period				
FEC ID number of cont federal political committ	ů (		50.00				
Name of Employer	Occupation						
First Colonies Anesthes	ia Physician						
Receipt For:	General Aggregate						
SUBTOTAL of Receipts	This Page (optional)		150.00				

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 24 OF

64

TIEMIZED 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	HESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Glen Hessinger         Mailing Address       8101 Ruxton Crossing F         City       Towson	Road State MD	Zip Code 21204	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For:	C Occupation Physician Aggregate	Year-to-Date ▼ 450.00	Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Glen Hessinger         Mailing Address 8101 Ruxton Crossing R         City         Towson         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	Zip Code 21204 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         C.       Dr. Jean-Max Hogarth         Mailing Address       1614 Randallwood Cour         City       Jarretsville         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	Zip Code 21084 Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (option	al)		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)

PAGE 25 OF

64

	15	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		CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Jean-Max Hogar Mailing Address 1614 Ra	th	Zip Code	Date of Receipt
Jarretsville FEC ID number of contrit	MD	21084	Transaction ID : SA11AI.6760 Amount of Each Receipt this Period
federal political committee	ŝ.		Payroll deduction
First Colonies Anesthesia Receipt For:	Physician	Year-to-Date ▼	1
Other (specify) ▼ Full Name (Last, First, M	iddle Initial)	500.00	
B. Dr. Sung Hong Mailing Address 8525 Hu		Date of Receipt	
City Lutherville	State MD	Zip Code 21093	Transaction ID : SA11AI.6665 Amount of Each Receipt this Period
FEC ID number of contrib federal political committee			50.00
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician		Payroll deduction
	eneral Aggregate	Year-to-Date ▼ 450.00	]
Full Name (Last, First, M Dr. Sung Hong			Date of Receipt
Mailing Address 8525 Hu	ntspring Drive State	Zip Code	11 23 2012 Transaction ID : SA11AI.6761
Lutherville	MD	21093	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: Primary G Other (specify) ▼	eneral Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts Th	is 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)

PAGE 26 OF

			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. Steven Hopper			Date of Receipt
	Mailing Address 4550 N. Park Avenue #101 City	State	Zip Code	10 25 2012 Transaction ID : SA11AI.6646
	Chevy Chase	MD	20815	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 ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Steven Hopper			Date of Receipt
	Mailing Address 4550 N. Park Avenue #101		11 23 2012	
	City Chevy Chase	State MD	Zip Code 20815	Transaction ID : SA11AI.6742 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	I	<ul> <li>Payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt
	Mailing Address 9110 Travener Circle			M M / D D / Y Y Y Y 10 25 2012
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6617 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 Anesthesia	Physician		_
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 675.00	
s	SUBTOTAL of Receipts This Page (optional)			175.00
	OTAL This Period (last page this line number			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 27 OF

64

TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
		v person for the purpose of soliciting contributions ttee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES LLC POLITI	ICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Stuart Hough         Mailing Address 9110 Travener Circle         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       21704         C       Occupation         Physician       Aggregate Year-to-Date ▼         Aggregate Year-to-Date ▼	Date of Receipt Transaction ID : SA11AI.6713 Amount of Each Receipt this Period 75.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Sean Isaac         Mailing Address 7 Starlight Farm Drive         City         Phoenix         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     21131       C     Occupation       Physician       Aggregate Year-to-Date ▼       450.00	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6672 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Sean Isaac         Mailing Address 7 Starlight Farm Drive         City         Phoenix         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     21131       C       Occupation       Physician       Aggregate Year-to-Date ▼       500.00	Date of Receipt  11 23 2012 Transaction ID : SA11AI.6768 Amount of Each Receipt this Period 50.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)	1	175.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 28 OF

64

	EMIZED 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 ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Dr. David Johnson Mailing Address 5506 Bootjack Drive City Frederick	State MD	Zip Code 21702	Date of Receipt
	FEC ID number of contributing federal political committee.	Occupation		Amount of Each Receipt this Period 50.00 Payroll deduction
	First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 450.00	]
В.	Full Name (Last, First, Middle Initial)         Dr. David Johnson         Mailing Address 5506 Bootjack Drive			Date of Receipt
	City Frederick	State MD	Zip Code 21702	Transaction ID : SA11AI.6788           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	C Occupation Physician		50.00 Payroll deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	]
с.	Full Name (Last, First, Middle Initial) Dr. James Kaufman			Date of Receipt
	Mailing Address 7514 Arrowwood Road	01-1-1-	7. 0.4	10 / D D / Y Y Y Y 2012
	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.6647           Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00 Payroll deduction
	Name of Employer	Occupation	1	
	First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	Physician           Aggregate	Year-to-Date ▼ 450.00	]
s	SUBTOTAL of Receipts This Page (optional)		)	150.00

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 29 OF

64

116	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17		
				to solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. James Kaufman Mailing Address 7514 Arrowwood Road			Date of Receipt		
-	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.6743           Amount of Each Receipt this Period		
t	FEC ID number of contributing ederal political committee.	С		50.00 Payroll deduction		
l	Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼			
	Other (specify) ▼ Full Name (Last, First, Middle Initial)	L	500.00			
<b>B.</b>	Dr. Cynthia Kenol           Mailing Address         6579 Prestwick Drive			Date of Receipt		
	City Highland	State MD	Zip Code 20777	Transaction ID : SA11AI.6618           Amount of Each Receipt this Period		
	FEC ID number of contributing rederal political committee.	С		50.00		
I	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 450.00			
<b>C</b> .	Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol			Date of Receipt		
	Mailing Address 6579 Prestwick Drive	State	Zip Code	11 23 2012 Transaction ID : SA11AI.6714		
	Highland	MD	20777	Amount of Each Receipt this Period		
	FEC ID number of contributing rederal political committee.	С		50.00 Payroll deduction		
	Name of Employer First Colonies Anesthesia	Occupation Physician				
Ī	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
รเ	JBTOTAL of Receipts This Page (optional)		•	150.00		

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 30 OF

64

	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. Richard Ko			Date of Receipt
	Mailing Address 6795 Stockwell Manor Drive			10 25 2012
	City Falls Church	State VA	Zip Code 22043	Transaction ID : SA11AI.6619 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	I	<ul> <li>Payroll deduction</li> </ul>
	Receipt For:     Primary     General       Other (specify) ▼	,	Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Richard Ko			Date of Receipt
	Mailing Address 6795 Stockwell Manor Drive			11 23 2012
	City Falls Church	State VA	Zip Code 22043	Transaction ID : SA11AI.6715 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 ▼ 500.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri			Date of Receipt
	Mailing Address 11722 Split Tree Circle			M M / D D / Y Y Y Y Y 10 25 2012
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6620 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 ▼ 450.00	
	UBTOTAL of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 31 OF

64

TIEMIZED 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 ANESTHI	ESIA ASSOC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Harkisan Laheri         Mailing Address 11722 Split Tree Circle         City         Potomac         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 20854 ear-to-Date ▼ 500.00	Date of Receipt  Date of Receipt  11 23 2012 Transaction ID : SA11AI.6716 Amount of Each Receipt this Period 50.00 Payroll deduction
B. Full Name (Last, First, Middle Initial) Mailing Address 3467 North Venice Street	Date of Receipt		
Arlington         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	VA C Occupation Physician Aggregate Y	22207 ear-to-Date ▼ 450.00	Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Kathleen Leavitt         Mailing Address 3467 North Venice Street         City         Arlington         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State VA C Occupation Physician Aggregate Ya	Zip Code 22207 ear-to-Date ▼ 500.00	Date of Receipt
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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 32 OF

64

TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Thomas Malone         Mailing Address 11667 Fairmont Place         City         Ijamsville         FEC ID number of contributing federal political committee.	State MD	Zip Code 21754	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6693 Amount of Each Receipt this Period 75.00 Payroll deduction
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 675.00	
Full Name (Last, First, Middle Initial)         B. Dr. Thomas Malone         Mailing Address 11667 Fairmont Place         City         Ijamsville         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 21754 Year-to-Date ▼ 750.00	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6789 Amount of Each Receipt this Period 75.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Mollyann March         Mailing Address 6504 Greentree Road         City         Bethesda         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 20817 Year-to-Date ▼ 675.00	Date of Receipt
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)

PAGE 33 OF

64

TTEMIZED 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 te to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)	THESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Mollyann March         Mailing Address       6504 Greentree Road         City	State	Zip Code	Date of Receipt
Bethesda FEC ID number of contributing federal political committee.		20817	Transaction ID : SA11AI.6745         Amount of Each Receipt this Period         75.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 750.00	Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Stephen Martin         Mailing Address 3336 O Street, NW		<u>y I I y I I A I</u>	Date of Receipt
City Washington FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State DC C Occupation	Zip Code 20007	10     25     2012       Transaction ID : SA11AI.6621       Amount of Each Receipt this Period       50.00       Payroll deduction
Receipt For: Primary General Other (specify) ▼	Physician           Aggregate	Year-to-Date ▼ 450.00	]
C. Full Name (Last, First, Middle Initial) Dr. Stephen Martin Mailing Address 3336 O Street, NW			Date of Receipt
City Washington	State DC	Zip Code 20007	Transaction ID : SA11AI.6717           Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		Payroll deduction
First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 500.00	]
SUBTOTAL of Receipts This Page (option	onal)		175.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 34 OF

64

		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 ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Omid Moayed         Mailing Address 8913 Cherbourg Drive         City         Potomac         FEC ID number of contributing federal political committee.	State MD	Zip Code 20854	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6729 Amount of Each Receipt this Period 50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) v	Occupation       Physician       Aggregate	Year-to-Date ▼ 250.00	Payroll deduction
Full Name (Last, First, Middle Initial)         B.       Dr. Danielle Mossman         Mailing Address 3709 Falling Green Way			Date of Receipt
City Mt. Airy 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 21771 Year-to-Date ▼ 450.00	Transaction ID : SA11AI.6687         Amount of Each Receipt this Period         50.00         Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Danielle Mossman         Mailing Address 3709 Falling Green Way         City         Mt. Airy         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 21771 Year-to-Date ▼ 500.00	Date of Receipt          MIM       23       2012         Transaction ID : SA11AI.6783         Amount of Each Receipt this Period         50.00         Payroll deduction
SUBTOTAL of Receipts This Page (optional	ıl)		150.00

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

100

.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 35 OF

64

	EMIZED 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 ee to solicit contributions from such committee.	
$\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITI	CAL ACTION COMMITTEE	•
Α.	Full Name (Last, First, Middle Initial)         Dr. Thomas Munro         Mailing Address 15310 Forest Lake Court         City         Darnestown         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 20874 Year-to-Date ▼ 675.00	Date of Receipt 10 25 2012 Transaction ID : SA11AL6702 Amount of Each Receipt this Period 75.00 Payroll deduction	-
в.	Full Name (Last, First, Middle Initial)         Dr. Thomas Munro         Mailing Address 15310 Forest Lake Court         City         Darnestown         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 20874 Year-to-Date ▼ 750.00	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6798 Amount of Each Receipt this Period Payroll deduction	
C.	Full Name (Last, First, Middle Initial)         Dr. Anna Noriega-Nalls         Mailing Address 603 Queen Street         #4         City         Alexandria         FEC ID number of contributing         federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	State VA C Occupation Physician Aggregate	Zip Code 22314 Year-to-Date ▼ 900.00	Date of Receipt Transaction ID : SA11AI.6622 Amount of Each Receipt this Period 100.00 Payroll deduction	-
s	UBTOTAL 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

FOR LINE NUMBER:

(check only one)

PAGE 36 OF

64

	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 person for the purpose of soliciting contribution or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL				AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Anna Noriega-Nalls			Date of Receipt		
	Mailing Address 603 Queen Street #4			11 23 2012		
	City Alexandria	State VA	Zip Code 22314	Transaction ID : SA11AI.6718           Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		100.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00			
в.	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt		
	Mailing Address 12123 Merricks Court			10 25 2012		
	City Monrovia	State MD	Zip Code 21770	Transaction ID : SA11AI.6694 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 ▼ 450.00			
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon			Date of Receipt		
	Mailing Address 12123 Merricks Court			M M / D D / Y Y Y Y Y 11 23 2012		
	City Monrovia	State     Zip Code     Transaction ID : SA11AI.6790       MD     21770     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 ▼ 500.00			
$\vdash$	<b>CUBTOTAL</b> 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:

(check only one)

PAGE 37 OF

64

		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	Statements mane name and a	ay not be sold or used by any p address of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
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	Zip Code 20001 Year-to-Date ▼ 450.00	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6623 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial) <b>Dr. Philip Owens</b> 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	Zip Code 20001 Year-to-Date ▼ 500.00	Date of Receipt          Image: Display state of the second stat
Full Name (Last, First, Middle Initial)         C.       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	Zip Code 21727 Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			150.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 38 OF

64

		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			e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	CAL ACTION COMMITTEE
A. Full Name (Last, First, Middle Initial) Mailing Address 10720 Dern Road	State	Zip Code	Date of Receipt
Emmitsburg FEC ID number of contributing federal political committee.	C	21727	Amount of Each Receipt this Period
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	Payroll deduction
B. Full Name (Last, First, Middle Initial) Dr. Paul Park Mailing Address 510 Golden Oak Terrace			Date of Receipt
City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State MD C Occupation Physician Aggregate	Year-to-Date ▼	Transaction ID : SA11AI.6624       Amount of Each Receipt this Period       50.00       Payroll deduction
C. Dr. Paul Park Mailing Address 510 Golden Oak Terrace	State	450.00 Zip Code	Date of Receipt
Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	MD C Occupation Physician	20850	Amount of Each Receipt this Period 50.00 Payroll deduction
Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)		Year-to-Date ▼ 500.00	150.00
CODICINE OF NECEIPIS THIS Fage (Optional)			

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)

PAGE 39 OF

64

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 Statement or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Kestutis Pauliukonis         Mailing Address 1813 Solitaire Lane         City       State         McLean       VA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occup         First Colonies Anesthesia       Physic         Receipt For:       Aggree         Other (specify)	22101 ation	Date of Receipt
Full Name (Last, First, Middle Initial)         B. Dr. Kestutis Pauliukonis         Mailing Address 1813 Solitaire Lane         City       State         McLean       VA         FEC ID number of contributing federal political committee.       C         Name of Employer       Occup         First Colonies Anesthesia       Physici         Receipt For:       Aggree         Other (specify) ▼       C	22101 ation	Date of Receipt M M / D D / Y Y Y Y Y 11 23 2012 Transaction ID : SA11AI.6721 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Michael Peck         Mailing Address 4 Farm Haven Court         City       State         Rockville       MD         FEC ID number of contributing       C         federal political committee.       Occup         Name of Employer       Occup         First Colonies Anesthesia       Physic         Receipt For:       Aggree         Other (specify)	20852 Pation	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6650 Amount of Each Receipt this Period 75.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		175.00

. . . . . . . . .

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 40 OF

64

E	MIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	information copied from such Reports and Sir commercial purposes, other than using the			rson for the purpose of soliciting contributions to solicit contributions from such committee.
	AME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
<b>A</b> . <u>I</u>	ull Name (Last, First, Middle Initial) Dr. Michael Peck lailing Address 4 Farm Haven Court	State	Zip Code	Date of Receipt
F	Rockville	MD	20852	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		75.00
N	ame of Employer	Occupation		Payroll deduction
	irst Colonies Anesthesia	Physician		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00	
	ull Name (Last, First, Middle Initial) Dr. Ramani Peruvemba			Date of Receipt
	lailing Address 8302 Fox Haven Drive			10 25 _2012 _
C	ity	State	Zip Code	Transaction ID : SA11AI.6626
N	IcLean	VA	22102	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	С		50.00
	ame of Employer rst Colonies Anesthesia	Occupation Physician		Payroll deduction
R	eceipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
	ull Name (Last, First, Middle Initial) Dr. Ramani Peruvemba	Date of Receipt		
M	ailing Address 8302 Fox Haven Drive	M M / D D / Y Y Y Y Y 11 23 2012		
	ity	State	Zip Code	Transaction ID : SA11AI.6722
	<i>l</i> icLean	VA	22102	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	50.00 Payroll deduction		
N	ame of Employer	Occupation		
	irst Colonies Anesthesia	Physician		
R	eceipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)		500.00	
SUI	BTOTAL of Receipts This Page (optional)		•••••	175.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 41 OF

64

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			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Eugen Pirovic         Mailing Address 3912 Calverton Drive         City         Hyattsville         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 20782 Year-to-Date ▼ 450.00	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6656 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Eugen Pirovic         Mailing Address 3912 Calverton Drive         City         Hyattsville         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 20782	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Jeffrey Richman         Mailing Address 6906 Granite Ridge Ct.         City         Baltimore         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 21209 Year-to-Date ▼ 450.00	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6671 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)......

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 42 OF

64

	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. Jeffrey Richman Mailing Address 6906 Granite Ridge Ct.	State	Zip Code	Date of Receipt
	Baltimore	MD	21209	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) v	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto			Date of Receipt
	Mailing Address 6409 Pinehurst Road	10 25 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6667
	Baltimore	MD	21212	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		Payroll deduction
	First Colonis Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date <b>V</b>	
	Primary General Other (specify) ▼		450.00	1
с.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto			Date of Receipt
	Mailing Address 6409 Pinehurst Road	11 23 2012		
	City Baltimore	State MD	Zip Code 21212	Transaction ID : SA11AI.6763 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer	Occupation		
	First Colonis Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	1
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)

PAGE 43 OF

64

		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 ANESTH	IESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Timothy Robinson         Mailing Address 2212 Dalewood Road         City         Timonium         FEC ID number of contributing federal political committee.	State MD	Zip Code 21093	Date of Receipt
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation           Physician           Aggregate	Year-to-Date ▼ 450.00	
Full Name (Last, First, Middle Initial)         Dr. Timothy Robinson         Mailing Address 2212 Dalewood Road         City         Timonium         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 21093 Year-to-Date ▼ 500.00	Date of Receipt 11 23 2012 Transaction ID : SA11AI.6764 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         C.       Dr. Jeremy Roth         Mailing Address 913 Hillstead Drive         City         Lutherville         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 21093 Year-to-Date ▼ 270.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional	al)		130.00

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 44 OF

64

		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) Mailing Address 913 Hillstead Drive	State	Zip Code	Date of Receipt	
Lutherville FEC ID number of contributing federal political committee.	C	21093	Amount of Each Receipt this Period 30.00 Payroll deduction	
Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 300.00		
Full Name (Last, First, Middle Initial)           Dr. Alexander Rubin           Mailing Address 6611 Hunter Trail Way	Dr. Alexander Rubin			
City Frederick FEC ID number of contributing federal political committee.	State MD	Zip Code 21702	10     25     2012       Transaction ID : SA11AI.6695       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 ▼ 450.00	Payroll deduction	
Full Name (Last, First, Middle Initial) C. Dr. Alexander Rubin			Date of Receipt	
Mailing Address 6611 Hunter Trail Way	M M / D D / Y Y Y Y Y 11 23 2012			
City Frederick	State MD	Zip Code 21702	Transaction ID : SA11AI.6791           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 Receipt For: Primary General Other (specify) v	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	]	
SUBTOTAL of Receipts This Page (optional	al)		130.00	

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

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 45 OF

64

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 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
Full Name (Last, First, Middle Initial)         Leudvig Sardarian         Mailing Address 11601 Brandy Hall Lane         City       State         North Potomac       MD         FEC ID number of contributing federal political committee.       Image: Control of the state         Name of Employer       Occup         First Colonies Anesthesia       Physic         Receipt For:       Aggre         Other (specify)       Image: Control of the state	20878 ation	Date of Receipt
Primary General Other (specify) ▼	20878 ation	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Suzanne Scattergood         Mailing Address 14700 Crossway Road         City       State         Rockville       MD         FEC ID number of contributing federal political committee.       Image: Control of the state         Name of Employer       Occup         First Colonies Anesthesia       Physic         Receipt For:       Aggre         Other (specify)       Image: Control of the state	20853 ation	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	······	200.00

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

.

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 46 OF

64

	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. Suzanne Scattergood Mailing Address 14700 Crossway Road	State	Zip Code	Date of Receipt
	Rockville	MD	20853	Transaction ID : SA11AI.6792 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 1000.00	
в.	Full Name (Last, First, Middle Initial) Dr. Mark Seymour			Date of Receipt
	Mailing Address 2932 Thurston Rd.	10 25 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6697
	Frederick	MD	21704	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	l	Payroll deduction
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 450.00	
c.	Full Name (Last, First, Middle Initial) Dr. Mark Seymour			Date of Receipt
	Mailing Address 2932 Thurston Rd.	M M / D D / Y Y Y Y 11 23 2012		
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6793 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 ▼ 500.00	
s	SUBTOTAL of Receipts This Page (optional)		•	200.00

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

10

- J -

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 47 OF

64

116	MIZED 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 to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
<b>A</b> .	Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Road	State MD	Zip Code 20876	Date of Receipt 10 25 2012 Transaction ID : SA11AI.6627
F	Germantown FEC ID number of contributing rederal political committee.	С		Amount of Each Receipt this Period 50.00 Payroll deduction
F	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Road			Date of Receipt
_	City Germantown FEC ID number of contributing	State MD	Zip Code 20876	Transaction ID : SA11AI.6723 Amount of Each Receipt this Period
Ī	ederal political committee. Name of Employer First Colonies Anesthesia	Occupation		Payroll deduction
F	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
	Full Name (Last, First, Middle Initial) Dr. James Sowry	I		Date of Receipt
-	Mailing Address 5008 Green Bridge Road	10 / Y Y Y Y 25 / 2012		
	City Dayton	State MD	Zip Code 21036	Transaction ID : SA11AI.6679           Amount of Each Receipt this Period
	FEC ID number of contributing ederal political committee.	С		25.00 Payroll deduction
	Name of Employer First Colonies Anesthesia	Occupation Physician		
Ē	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00	
su	JBTOTAL of Receipts This Page (optional)		•	125.00

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

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

10

\_\_\_\_\_\_

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 48 OF

64

	MIZED 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 to solicit contributions from such committee.
	INE OF COMMITTEE (In Full)	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
A. D Ma City Da FE fed Na First	II Name (Last, First, Middle Initial) r. James Sowry iiling Address 5008 Green Bridge Road y ayton C ID number of contributing leral political committee. me of Employer st Colonies Anesthesia ceipt For:	State MD C Occupation Physician Aggregate	Zip Code 21036 Year-to-Date ▼	Date of Receipt          M       M       Z3       2012         Transaction ID : SA11AI.6775         Amount of Each Receipt this Period         25.00         Payroll deduction
	Primary General Other (specify)		, 250.00	
<b>B</b> . <u>D</u>	II Name (Last, First, Middle Initial) <b>r. Robert Study</b> iling Address 6 Beall Spring Court			Date of Receipt
FE	y otomac C ID number of contributing leral political committee. me of Employer	State MD Occupation	Zip Code 20854	10     25     2012       Transaction ID : SA11AI.6651       Amount of Each Receipt this Period       50.00       Payroll deduction
	st Colonies Anesthesia ceipt For: Primary General Other (specify) ▼	Physician           Aggregate	Year-to-Date ▼ 450.00	
<b>c</b> D	II Name (Last, First, Middle Initial) Dr. Robert Study illing Address 6 Beall Spring Court			Date of Receipt
City	y otomac	State MD	Zip Code 20854	11     23     2012       Transaction ID : SA11AI.6747       Amount of Each Receipt this Period
fed	C ID number of contributing leral political committee.	С		50.00 Payroll deduction
Fir	me of Employer st Colonies Anesthesia ceipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	
SUB	TOTAL of Receipts This Page (optional)			125.00

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

10

- J -

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 49 OF

64

II 	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) Dr. Lisa Sullivan			Date of Receipt
	Mailing Address 4639 Teen Barnes Road			10 25 2012
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.6698 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 Anesthsia Receipt For:	Physician		_
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
–	Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan			Date of Receipt
υ.	Mailing Address 4639 Teen Barnes Road			11 23 2012
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.6794 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		
	Name of Employer First Colonies Anesthsia	Occupation Physician	1	<ul> <li>Payroll deduction</li> </ul>
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan			Date of Receipt
	Mailing Address 4639 Teen Barnes Road			M M / D D / Y Y Y Y Y 10 25 _2012 _
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.6699 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 ▼ 450.00	
F	SUBTOTAL of Receipts This Page (optional)			150.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 50 OF

64

ITEMIZED RECEIP	15	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 OF FIRST COLONIE		CIATES LLC POLITIC	AL ACTION COMMITTEE
A. Dr. Robert Sullivan Mailing Address 4639 Tea City Frederick		Zip Code 21703	Date of Receipt
FEC ID number of contrib federal political committee Name of Employer	outing		Amount of Each Receipt this Period 50.00 Payroll deduction
First Colonies Anesthesia Receipt For: Primary G Other (specify) ▼	eneral Physician Aggregate	Year-to-Date ▼ 500.00	]
Full Name (Last, First, Mi <b>B.</b> Dr. Louis Swann           Mailing Address         PO Box 6			Date of Receipt
City McLean FEC ID number of contrib federal political committee	ů.	Zip Code 22106	To         25         2012           Transaction ID : SA11AI.6652         Amount of Each Receipt this Period           50.00         50.00
Name of Employer First Colonies Anesthesia Receipt For: Primary Ga Other (specify) ▼	eneral	Year-to-Date ▼ 450.00	Payroll deduction
Full Name (Last, First, Mi         C.       Dr. Louis Swann         Mailing Address PO Box         City         McLean         FEC ID number of contrib         federal political committee         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       Ga         Other (specify) ▼	6081 State VA Duting C Occupation Physician	Zip Code 22106 Year-to-Date ▼ 500.00	Date of Receipt          11       23       2012         Transaction ID : SA11AI.6748         Amount of Each Receipt this Period         50.00         Payroll deduction
SUBTOTAL of Receipts Thi	s Page (optional)		150.00

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 51 OF

64

TIEMIZED RECEIPTS	for each categor Detailed Summa	
		sed by any person for the purpose of soliciting contributions cal committee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC	POLITICAL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         A.       Dr. Rojack Tan         Mailing Address 507 Goodland Place         City         Rockville         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State     Zip Code       MD     20850       C       Occupation       Physician       Aggregate Year-to-Date ▼	Date of Receipt       Model       10       25       2012       Transaction ID : SA11AI.6653       Amount of Each Receipt this Period       50.00       Payroll deduction
Full Name (Last, First, Middle Initial)         B. Dr. Rojack Tan         Mailing Address 507 Goodland Place         City         Rockville         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       20850         C       Occupation         Physician       Aggregate Year-to-Date ▼	Date of Receipt Transaction ID : SA11AI.6749 Amount of Each Receipt this Period 500.00 Date of Receipt Transaction ID : SA11AI.6749 Amount of Each Receipt this Period 500.00
Full Name (Last, First, Middle Initial)         Or. Bernard Tsai         Mailing Address 10013 New London Drive         City         Potomac         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify)	State     Zip Code       MD     20854       C       Occupation       Physician       Aggregate Year-to-Date ▼	Date of Receipt       10     25       2012       Transaction ID : SA11AI.6628       Amount of Each Receipt this Period       50.00       Payroll deduction
SUBTOTAL of Receipts This Page (optional)		

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 52 OF

64

	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. Bernard Tsai Mailing Address 10013 New London Drive City Potomac	State MD	Zip Code 20854	Date of Receipt          11       23       2012         Transaction ID : SA11AI.6724         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 Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial)         Dr. Reed Underwood         Mailing Address 1518 T Street, NW	Date of Receipt		
	City	State	Zip Code	Transaction ID : SA11AI.6638
	Washington FEC ID number of contributing federal political committee.	C	20009	Amount of Each Receipt this Period
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate	Year-to-Date ▼ 450.00	Payroll deduction
с.	Full Name (Last, First, Middle Initial) Dr. Reed Underwood			Date of Receipt
	Mailing Address 1518 T Street, NW	11 23 Y Y Y Y 2012		
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.6734 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 ▼ 500.00	
s	UBTOTAL of Receipts This Page (optional)		····· •	150.00

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

7 7 7 7

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 53 OF

64

	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 ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of Receipt			
	Mailing Address 22 Woodfield Court	10 25 2012					
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.6678 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 ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon	Date of Receipt					
	Mailing Address 22 Woodfield Court	11 23 2012					
	City Reisterstown	State MD	Tailsaction D . SAT				
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	I	Payroll deduction			
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief			Date of Receipt			
	Mailing Address 405 Apple Grove Road	10 25 2012					
	City Silver Spring	State MD	Zip Code 20904	Transaction ID : SA11AI.6683           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer	Occupation	I	Payroll deduction			
	First Colonies Anesthesia Receipt For:	Physician		_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00				
F	UBTOTAL of Receipts This Page (optional)		,	150.00			

\_\_\_\_\_

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 54 OF

64

	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	SIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Mailing Address 405 Apple Grove Road	Ctata	7in Code	Date of Receipt		
	City Silver Spring	State MD	Zip Code 20904	Transaction ID : SA11AI.6779		
	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 ▼ 500.00			
В.	Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri			Date of Receipt		
	Mailing Address 9657 Atterbury Lane	10 25 2012				
	City	State	Zip Code	Transaction ID : SA11AI.6704		
	Frederick	MD	21704	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		25.00		
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00			
с.	Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri			Date of Receipt		
	Mailing Address 9657 Atterbury Lane	11 23 2012				
	City	State	Zip Code	Transaction ID : SA11AI.6800		
	Frederick	MD	21704	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C				
	Name of Employer	Occupation		Payroll deduction		
	First Colonies Anesthesia	Physician				
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)			100.00		

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

100

\_\_\_\_\_

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 55 OF

	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 POLITICA	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice			Date of Receipt			
	Mailing Address 7101 Meadow Lane			10 25 2012			
	City Chevy Chase	State MD	Zip Code 20815	Transaction ID : SA11AI.6629 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		Payroll deduction			
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00				
в.	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice	Date of Receipt					
	Mailing Address 7101 Meadow Lane						
	City Chevy Chase	State MD	Zip Code 20815	Transaction ID : SA11AI.6725           Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	s a l					
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00				
с.	Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich Jr.			Date of Receipt			
	Mailing Address 10816 Willow Run Circle	10 25 2012					
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6630 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		25.00			
	Name of Employer	Occupation	I	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 225.00				
$\vdash$	<b>CUBTOTAL</b> of Receipts This Page (optional)			125.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 56 OF

64

	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 10816 Willow Run Circle	Ctoto	Zin Code	Date of Receipt
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.6726
	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. Mark Vogt			Date of Receipt
	Mailing Address 1149 Colonial Road	10 25 2012		
	City	State	Zip Code	Transaction ID : SA11AI.6654
	McLean	VA	22101	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 ▼ 450.00	
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Mark Vogt			Date of Receipt
	Mailing Address 1149 Colonial Road	11 23 2012		
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.6750 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) ▼		500.00	
s	UBTOTAL of Receipts This Page (optional)			125.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 57 OF

64

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         16         17
	for commercial purposes, other than using the			person 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	CAL ACTION COMMITTEE
Α.	Mailing Address 1200 Colvin Meadows Lane			Date of Receipt
	City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.6631 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer First Colonies Anesthesia Receipt For: Primary General	Occupation Physician Aggregate	Year-to-Date ▼	Payroll deduction
	Other (specify)		450.00	
В.	Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows Lane			Date of Receipt
	City	State	Zip Code	Transaction ID : SA11AI.6727
	Great Falls	VA	22066	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 ▼ 500.00	]
c.	Full Name (Last, First, Middle Initial) Dr. Timothy Wex			Date of Receipt
	Mailing Address 11429 Cedar Ridge Drive	10 / 25 / 2012		
	Potomac	State VA	Zip Code 20854	Transaction ID : SA11AI.6655 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 ▼ 450.00	]
s	UBTOTAL of Receipts This Page (optional)			150.00

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

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 58 OF

64

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 S or for commercial purposes, other than using the		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         Dr. Timothy Wex         Mailing Address 11429 Cedar Ridge Drive         City         Potomac         FEC ID number of contributing         federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         VA       20854         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00       500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         B. 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       Zip Code         MD       21075         C       Occupation         Physician       Aggregate Year-to-Date ▼         450.00	Date of Receipt
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       Zip Code         MD       21075         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00       7	Date of Receipt
SUBTOTAL of Receipts This Page (optional)		150.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 59 OF

64

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 an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         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 MD C Occupation Physician Aggregate	Zip Code 21701 Year-to-Date ▼ 450.00	Date of Receipt
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 MD C Occupation Physician Aggregate	Zip Code 21701 Year-to-Date ▼ 500.00	Date of Receipt
Full Name (Last, First, Middle Initial)         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 C Occupation Physician Aggregate	Zip Code 20832 Year-to-Date ▼ 450.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	)	)	150.00

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

100

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 60 OF

64

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 the		
NAME OF COMMITTEE (In Full)	SIA ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial)         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       Zip Code         MD       20832         C       Occupation         Physician       Aggregate Year-to-Date ▼         State       500.00	Date of Receipt Transaction ID : SA11AI.6771 Amount of Each Receipt this Period 50.00 Payroll deduction
Full Name (Last, First, Middle Initial)         Dr. Monfold Wolf         Mailing Address 4822 Tilly Dr.         City         Sykesville         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       21784         C       Occupation         Physician       Aggregate Year-to-Date ▼         450.00	Date of Receipt
Full Name (Last, First, Middle Initial)         Dr. Monfold Wolf         Mailing Address 4822 Tilly Dr.         City         Sykesville         FEC ID number of contributing federal political committee.         Name of Employer         First Colonies Anesthesia         Receipt For:         Primary       General         Other (specify) ▼	State       Zip Code         MD       21784         C       Occupation         Physician       Aggregate Year-to-Date ▼         500.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	•	150.00

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

10

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 61 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X         11a         11b         11c         12           13         14         15         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	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE		
Α.	Full Name (Last, First, Middle Initial) You Wu	Date of Receipt				
	Mailing Address 910 Dunlavin Ct.	10 25 2012				
	City Timonium	StateZip CodeMD21093				
	FEC ID number of contributing federal political committee.	С		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 ▼ 450.00			
В.	Full Name (Last, First, Middle Initial) You Wu	Date of Receipt				
	Mailing Address 910 Dunlavin Ct.	11 23 2012				
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.6766 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer First Colonies Anesthesia	<ul> <li>Payroll deduction</li> </ul>				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00			
<u></u> с.	Full Name (Last, First, Middle Initial) David Wyler			Date of Receipt		
	Mailing Address 6912 Granite Ridge Court	M M / D D / Y Y Y Y 10 25 2012				
	City Baltimore	State MD	Zip Code 21209	Transaction ID : SA11AI.6682 Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		50.00		
	Name of Employer	Payroll deduction				
	First Colonies Anesthesia	Physician		_		
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 450.00			
$\vdash$	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)

PAGE 62 OF

64

	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 ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) David Wyler Mailing Address 6912 Granite Ridge Court	Date of Receipt		
	City Baltimore	State MD	Zip Code 21209	11     23     2012       Transaction ID : SA11AI.6778       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		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 500.00	
в.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu			Date of Receipt
	Mailing Address 13508 Gumspring Road			10 25 2012
	City Boole ille	State MD	Zip Code	Transaction ID : SA11AI.6632
	Rockville	MD	20850	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	<ul> <li>Payroll deduction</li> </ul>
	Receipt For:         Primary       General         Other (specify) ▼	Aggregate	Year-to-Date ▼ 450.00	
С.	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu			Date of Receipt
	Mailing Address 13508 Gumspring Road			M M / D D / Y Y Y Y Y 11 23 2012
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.6728 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 ▼ 500.00	
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)

PAGE 63 OF

64

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 ddress 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 2057 Thurston Road	10 25 2012		
	Frederick	Transaction ID : SA11AI.6700           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 ▼ 450.00	
в.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun	Date of Receipt		
	Mailing Address 2057 Thurston Road	11 23 2012		
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.6796 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		<ul> <li>Payroll deduction</li> </ul>
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 500.00	
<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			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	
s	UBTOTAL of Receipts This Page (optional)	100.00		
L,	OTAL This Pariod (last page this line number	8770.00		

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

- 7 -

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS					NUMBER: PAGE 64 OF	64	
		Use separate schedule(s) for each category of the Detailed Summary Page	of the	(check only 21b	one) 22 X 23 24 25	26	
				27	28a 28b 28c 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	ASSOCIATES	S LLC P	OLITICAL	ACTION COMMITTEE		
Δ.	Full Name (Last, First, Middle Initial)		Date of Disbursement				
					M M / D D / Y Y Y Y	1.1	
	Mailing Address 170 OLD ENTERPRISE ROAD PO BOX 5323				11 07 2012		
	City State Zip Code				Transaction ID : SB23.6803		
	UPPER MARLORO MD 20774 Purpose of Disbursement						
	Contribution			011	Amount of Each Disbursement this Per	riod	
	Candidate Name			Category/ Type	5000.00	D	
	Senate		eneral				
	State: District:	Other (specify)					
	Full Name (Last, First, Middle Initial)						
	Andy Harris				Date of Disbursement		
	Mailing Address 301 W Pennsylvania Ave				11 07 2012		
	Towson	State Zip Co MD 20214			Transaction ID : SB23.6802		
	Purpose of Disbursement Political contribution			011	Amount of Each Disbursement this Per	riod	
	Candidate Name			Category/	2500.00	0	
	Andy Harris Office Sought: House Disburser	ment For: 2014		Туре			
	Senate President		eneral				
	State: MD District:						
C.	Full Name (Last, First, Middle Initial)			Date of Disbursement			
	Mailing Address						
	City State Zip Code						
	Purpose of Disbursement			Amount of Each Disbursement this Per	riad		
	Candidate Name		\	Category/ Type		nou	
	Office Sought: House Disburser Senate President		eneral				
_	State: District:						
s	UBTOTAL of Disbursements This Page (optional)			••••••	7500.00	)	
Т	OTAL This Period (last page this line number only)			····· ►	7500.00	)	