Image# 12971717069			_	PAGE 1 / 9
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		
1. NAME OF TYP	e or print ▼	Example: If typing, type		se Only
COMMITTEE (in full)		over the lines.	12FE4M5	
FIRST COLONIES ANES				
ADDRESS (number and street)	490 New Technology Way			
Check if different				
than providually	Frederick		MD 2170	3
2. FEC IDENTIFICATION NUMB			STATE 🔺	ZIP CODE
C C00416305	3. IS TI REP		AMENDED	
(Choose One)	(b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election
(a) Quarterly Reports:	Apr 20	(M4) Jul 20 (M7)	Oct 20 (M10)	Year Only)
April 15 Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly Report (Q2)	PRE-Election Report for the:	Convention (12C)	Special (12S)	
October 15 Quarterly Report (Q3) January 31		M M / D D /	YYYYY	in the
Year-End Report (YE) July 31 Mid-Year	Election o	n L		State of
Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n / D D /	Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2011	through 03	M / D D / Y Y 31 20	Y Y 11
I certify that I have examined this R	eport and to the best of my	knowledge and belief it is	true, correct and comple	ete.
Type or Print Name of Treasurer	Dr. Jeremy Roth			
Signature of Treasurer	y Roth	[Electronically Filed]	Date 07 / 20) / Y Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person signing	this Report to the penalt	ies of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

07/20/2012 14 : 45

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:	1 / D D / Y Y Y Y Y 1 2011 To	. 03 / D D / Y Y Y Y Y 31 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		73226.83
	(b) Cash on Hand at Beginning of Reporting Period	73226.83	
	(c) Total Receipts (from Line 19)	8760.00	8760.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	81986.83	81986.83
7.	Total Disbursements (from Line 31)	5676.47	5676.47
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	76310.36	76310.36
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01	01 2011 To	
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	0.00	0.00
(i) Itemized (use Schedule A)		
(ii) Unitomized	8760.00	8760.00
(ii) Unitemized (iii) TOTAL (add	7 8760.00	
	8760.00	8760.00
Lines 11(a)(i) and (ii)	7 7 0700.00	
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7	
(such as PACs)	0.00	0.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	8760.00	8760.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7 7	7 7
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
6. Offsets To Operating Expenditures	7 7 7	7 7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made		/9/9
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts	19.1.1.19.1.1.1	/7 /7 //*
(Dividends, Interest, etc.)	0.00	0.00
7. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
. ,		
(b) Levin Funds (from Schedule H5)	0.00	0.00
		7 7 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))▶	8760.00	8760.00
Tatal Fadaval Description		
. Total Federal Receipts	2702.00	
(subtract Line 18(c) from Line 19)►	8760.00	8760.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4		
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	4426.47	4426.47		
(b) Other Federal Operating Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	4426.47	4426.47		
Committees Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	0.00	0.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Schedule P)				
Loan Repayments Made	0.00	0.00		
Loans Made Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) Total Contribution Defineda				
(d) Total Contribution Refunds(add Lines 28(a), (b), and (c))	0.00	0.00		
Other Disbursements	1250.00	1250.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6) (i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely				
With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00		
Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5676.47	5676.47		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1250.00	1250.00		
· · · · · · · · · · · · · · · · · · ·				

I

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	8760.00	8760.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	8760.00	8760.00
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	0.00	0.00
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00
 Net Operating Expenditures (subtract Line 37 from Line 36) 	0.00	0.00

S	CHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 6 OF 9
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page) (check only 21b 27	$ \begin{array}{c c} 1 & 22 \\ \hline & 28a \\ \hline & 28a \\ \hline & 28b \\ \hline & 28b \\ \hline & 28c \\ \hline & \mathbf{X} \\ \hline \\ \hline \hline \\ \hline \hline & \mathbf{X} \\ \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \\ \hline \hline \hline \hline \hline \hline \hline $
	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 LLC	POLITICAL	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Citizens for Karen Montgomery			Date of Disbursement
	Mailing Address 211 Market St.			01 05 2011
	Brookeville	State Zip Code MD 20833		Transaction ID : SB29.6325
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	250.00
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: MD District: 14 Full Name (Last, First, Middle Initial)			1
В.	Committee to Elect Joan Carter Co	onway		Date of Disbursement
	Mailing Address 2831 Hillen St.			01 05 2011
	Baltimore	StateZip CodeMD21218		Transaction ID : SB29.6329
	Purpose of Disbursement Contribution		011	Amount of Each Disbursement this Period
	Candidate Name		Category/ Type	2000.00
	Office Sought: House Disburser Senate President	ment For: Primary General Other (specify) ▼		
	State: MD District: 43 Full Name (Last, First, Middle Initial)			
C.	Friends of Mike Busch			Date of Disbursement
	Mailing Address PO Box 2241			01 05 2011
	Annapolis	StateZip CodeMD21404		Transaction ID : SB29.6327
	Purpose of Disbursement Contribution		· · · ·]	Amount of Each Disburger and this David
	Candidate Name		Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburser Senate President District:	ment For: Primary General Other (specify) ▼		
Г				
s	UBTOTAL of Disbursements This Page (optional)		····· •	3250.00
т	OTAL This Period (last page this line number only))	••••••	<u> </u>

SCHEDULE B (F	EC Form 3X)			F	OR		IUMBER			PA	GE 7 (OF 9
ITEMIZED DISBUR	RSEMENTS		arate schedule(s) category of the		-	k only o	one)					
			Summary Page		$\left - \right $	21b 27	22 28a	\vdash	23 28b	24 28c	25 X 29	26 30b
Any information copied fror or for commercial purposes												
	()							<u> </u>				
	ES ANESTHESIA /	ASSOCI	IATES LLC	POL	ITI.	ICAL	ACTI	ON	I CC	MMIT	TEE	
Full Name (Last, First, N	,						Data	4 D:				
A. Friends of Mike	Busch						Date o		D		Y Y	Y
Mailing Address PO Box	: 2241						03		2	9	2011	
City Annapolis		State MD	Zip Code 21404				Trans	sacti	ion ID	: SB29.5	750	
Purpose of Disbursemer Voided Check	nt			_	-		Amoun	nt of	Each	Disburse	ment this	Period
Candidate Name				Cate	egor	ry/					-2000	0.00
Friends of Mike		and Fam. a			ype				7		-2000).00
	Senate President	nent For: 2 Primary Other (spec	K General									
State: Distric												
B.							Date o	of Dis	sburse	ement		
							M M	/	D	D / Y	Y Y	Y
Mailing Address							L		-			
City	5	State	Zip Code									
Purpose of Disbursemer	nt				-		Amour	nt of	Each	Dieburee	mont this	Period
Candidate Name		Category/			rv/	Amount of Each Disbursement this Period						
0//:					ype				7			
		nent For: Primary Other (spec	General cify) ▼									
State: Distric			•									
Full Name (Last, First, M	Aiddle Initial)						Date o					
Mailing Address	Mailing Address											Y
City	5	State	Zip Code									
Purpose of Disbursemer	Purpose of Disbursement						A		F	Dist		Devia
Candidate Name			Category/ Type			Amour	nt of	Each	Disburse	ment this	Perioa	
	President	nent For: Primary Other (spec	General cify) ▼		-			-	7			
State: Distric	JI.						_	_	_	_		
SUBTOTAL of Disburseme	ents This Page (optional)						Ŀ		,		-2000	0.00
TOTAL This Period (last p	bage this line number only)								,		1250	0.00

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE g		OF		9	
FOR	LINE	21a	OF	FORM	зх

NAME	OF	COMMITTEE	(In	Full)

F	IRST COLONIES ANESTHESIA	ASSO	CIATES LLC	POLITICA	L ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) FIRST COLONIES ANESTHESIA ASSOCIAT		n ID : H4.6341 LITICAL ACTION C	OMMITTEE	Allocated Activity or Event:
	Mailing Address 7490 New Technology Way				Voter Drive Direct Candidate Support
	City Frederick	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	MD	21703		- Allocated Activity or Event Year-To-Date
	Bank charges unreported 01/01/2005 - 12/31/ Activity or Event Identifier:	2010		001	397.25
	Administrative			Category/ Type	Date 01 / 01 / 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7	397.25	397.25
В.	Full Name (Last, First, Middle Initial) FIRST COLONIES ANESTHESIA ASSOCIA		n ID : H4.6331 OLITICAL ACTION	I COMMITTEE	Allocated Activity or Event:
	Mailing Address 7490 New Technology Way				Voter Drive Direct Candidate Support
	City Frederick	State MD	Zip Code 21703		Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
	Purpose of Disbursement: Bank service fee			001	411.86
	Activity or Event Identifier: Administrative			Category/ Type	Date 01 21 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00			14.61	14.61
C.	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba	Transactio	on ID : H4.6334		Allocated Activity or Event:
	Mailing Address 8302 Fox Haven Drive				Voter Drive Direct Candidate Support
	City McLean	State VA	Zip Code 22102		Public Comm (ref to party only) by PAC
	Purpose of Disbursement: Expense reimbursement	VA	22102		Allocated Activity or Event Year-To-Date 749.13
	Activity or Event Identifier:			001	
	Administrative			Category/ Type	Date 02 02 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7	337.27	337.27
SI	JBTOTAL of Allocated Federal and NonFedera FEDERAL SHARE	al Activity Th	nis Page NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00	1 []		749.13	749.13
т	OTAL This Period (last page for each line only FEDERAL SHARE)(Federal sh	nare to 21(a)(i) and NONFEDERAL		nare to 21(a)(ii)) TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	Ξ 9	OF		9	
FOR	LINE	21a	OF	FORM	ЗХ

NAME	OF	COMMITTEE	(In	Full)	
------	----	-----------	-----	-------	--

F					
A.	Full Name (Last, First, Middle Initial) Transaction ID : H4.6336 FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE				Allocated Activity or Event:
	Mailing Address 7490 New Technology Way	Administrative Fundraising Exempt			
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Frederick	MD	21703		
	Purpose of Disbursement: Bank service fee			001	- Allocated Activity or Event Year-To-Date 765.12
	Activity or Event Identifier: Administrative			Category/ Type	Date 02 18 2011
	FEDERAL SHARE	+	NONFEDERAL	SHARE	= TOTAL AMOUNT
	0.00		7 7 7	15.99	15.99
В.	Full Name (Last, First, Middle Initial)	Transaction	n ID : H4.6337		Allocated Activity or Event:
	Maryland Chamber of Commerce				Administrative Eundraising Exempt
	Mailing Address 60 West St. Suite 100				Voter Drive Direct Candidate Support
	City Annapolis	State MD	Zip Code 21401		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		21401		Allocated Activity or Event Year-To-Date
	Annual membership dues Activity or Event Identifier:			001	1765.12
	Administrative			Category/ Type	Date 02 / 22 / 2011
	FEDERAL SHARE + NONFEDERAL SHARE				= TOTAL AMOUNT
	FEDERAL SHARE	+	NONFEDERAL	SHARE	
	0.00		NONFEDERAL	SHARE 1000.00	1000.00
C.		Transactio	n ID : H4.6339		Allocated Activity or Event:
C .	0.00 Full Name (Last, First, Middle Initial)	Transactio	7 7		1000.00
<u>с.</u>	Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City	Transactio	n ID : H4.6339 Zip Code		1000.00 Allocated Activity or Event: Administrative Fundraising Exempt
<u> </u>	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement:	Transactio	n ID : H4.6339		1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
<u>.</u>	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement	Transactio	n ID : H4.6339 Zip Code		1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC
<u>.</u>	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement:	Transactio	n ID : H4.6339 Zip Code	1000.00	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date
C .	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier:	Transactio	n ID : H4.6339 Zip Code	1000.00 001 Category/ Type	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 02 2011
C.	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative	Transactio State MD	n ID : H4.6339 Zip Code 21401	1000.00 001 Category/ Type	1000.00 Allocated Activity or Event: Administrative Fundraising Exempt Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 02 2011
	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative FEDERAL SHARE 0.00	Transactio	Zip Code 21401	1000.00 001 Category/ Type SHARE	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 02 2011 = TOTAL AMOUNT
	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative FEDERAL SHARE	Transactio	Zip Code 21401	1000.00 001 Category/ Type SHARE 2661.35	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 02 2011 = TOTAL AMOUNT
	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative FEDERAL SHARE 0.00 ////////////////////////////////////	Transactio	n ID : H4.6339 Zip Code 21401 NONFEDERAL	1000.00 001 Category/ Type SHARE 2661.35	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 TOTAL AMOUNT 2661.35
SI	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative BETOTAL of Allocated Federal and NonFedera FEDERAL SHARE 0.00 DTAL This Period (last page for each line only	Transactio	Zip Code 21401 NONFEDERAL	1000.00 001 Category/ Type SHARE 2661.35 SHARE 3677.34 NonFederal sh	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 03 02 2011 = TOTAL AMOUNT 2661.35 = TOTAL AMOUNT 3677.34 hare to 21(a)(ii))
	0.00 Full Name (Last, First, Middle Initial) Maryland Socity of Anesthesiologists Mailing Address 18 Pinkney St. City Annapolis Purpose of Disbursement: Expense reimbursement Activity or Event Identifier: Administrative FEDERAL SHARE 0.00 JBTOTAL of Allocated Federal and NonFederal FEDERAL SHARE 0.00	Transactio	n ID : H4.6339 Zip Code 21401 NONFEDERAL	1000.00 001 Category/ Type SHARE 2661.35 SHARE 3677.34 NonFederal sh	1000.00 Allocated Activity or Event: Administrative Fundraising Voter Drive Direct Candidate Support Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date 4426.47 Date 03 03 02 2011 = TOTAL AMOUNT 2661.35