

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Dr. Jeremy Roth

Signature of Treasurer Dr. Jeremy Roth [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|--|--|
| 6. (a) Cash on Hand January 1, <input type="text" value="2013"/> | | <input type="text" value="110013.41"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="110013.41"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="23375.00"/> | <input type="text" value="23375.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="133388.41"/> | <input type="text" value="133388.41"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="17190.21"/> | <input type="text" value="17190.21"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="116198.20"/> | <input type="text" value="116198.20"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 5700.00 | 5700.00 |
| (ii) Unitemized | 17675.00 | 17675.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶ | 23375.00 | 23375.00 |
| (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) | 23375.00 | 23375.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 23375.00 | 23375.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 23375.00 | 23375.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 9940.21 | 9940.21 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 9940.21 | 9940.21 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 2500.00 | 2500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 4750.00 | 4750.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 17190.21 | 17190.21 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7250.00 | 7250.00 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 23375.00 | 23375.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 23375.00 | 23375.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 15 Waterbird Court

City Cockeyesville State MD Zip Code 21030

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7478

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 800 Hillsboro Drive

City Silver Spring State MD Zip Code 20902

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7448

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 10021 Dickens Avenue

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7442

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 44 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

A. Dr. Marc Beck
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 Norris Run Court
 City Reisterstown State MD Zip Code 21136
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7463
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Jeffrey Briggs
 Full Name (Last, First, Middle Initial)
 Mailing Address 14952 Finegan Farm Rd.
 City Germantown State MD Zip Code 20874
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7419
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. Dr. John Bunker
 Full Name (Last, First, Middle Initial)
 Mailing Address 15229 National Pike
 City Hagerstown State MD Zip Code 21740
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7491
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Donald Charney
Full Name (Last, First, Middle Initial)
Mailing Address 3707 Meadowhill Court
City Phoenix State MD Zip Code 21131
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7464
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Satyam Chary
Full Name (Last, First, Middle Initial)
Mailing Address 9 Alterwood Lane
City Owings Mill State MD Zip Code 21117
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7465
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Thomas Chau
Full Name (Last, First, Middle Initial)
Mailing Address 7204 Loch Edin Court
City Potomac State MD Zip Code 20854
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7420
Amount of Each Receipt this Period **50.00**
Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 9 OF 44
(check only one)

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

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

A. Dr. Dwayne Chen
Full Name (Last, First, Middle Initial)
Mailing Address 12808 Spring Drive
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7441
Amount of Each Receipt this Period 50.00
Payroll deduction

B. Dr. Edward Chen
Full Name (Last, First, Middle Initial)
Mailing Address 10209 Fleming Avenue
City Bethesda State MD Zip Code 20814
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7421
Amount of Each Receipt this Period 50.00
Payroll deduction

C. Dr. William Chester
Full Name (Last, First, Middle Initial)
Mailing Address 13771 Lambertina Place
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7422
Amount of Each Receipt this Period 50.00
Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 10 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 11008 South Glen Road

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7443

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

Mailing Address 11546 Fox River Road

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Ellicott City | MD | 21042 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7283

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

Mailing Address 11546 Fox River Road

| | | |
|---------------|-------|----------|
| City | State | Zip Code |
| Ellicott City | MD | 21042 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 24 | / | 2013 |

Transaction ID : SA11AI.7381

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 11 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Lincoln Coore
 Full Name (Last, First, Middle Initial)
 Mailing Address 11546 Fox River Road
 City State Zip Code
 Ellicott City MD 21042
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7472
 Amount of Each Receipt this Period
 75.00
 Payroll deduction

B. Dr. Melvin Coursey
 Full Name (Last, First, Middle Initial)
 Mailing Address 18720 Shremor Drive
 City State Zip Code
 Derwood MD 20855
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7423
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Lauren Deloach
 Full Name (Last, First, Middle Initial)
 Mailing Address 15114 Pepperridge Drive
 City State Zip Code
 Bowie MD 20721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7481
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 12 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Ali Emamhosseini
Full Name (Last, First, Middle Initial)

Mailing Address 8370 Greensboro Drive
Apt #208

City McLean State VA Zip Code 22102

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7447

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Todd Epstein
Full Name (Last, First, Middle Initial)

Mailing Address 11305 Struttman Terrace

City North Bethesda State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7450

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Richard Evans
Full Name (Last, First, Middle Initial)

Mailing Address 6436 West Langley Lane

City McLean State VA Zip Code 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7446

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

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

Mailing Address 504 Reserve Champion Drive

City State Zip Code
Rockville MD 20850

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7495

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 7700 Charleston Dr.

City State Zip Code
Bethesda MD 20817

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7506

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 13895 Foxtower Road

City State Zip Code
Thurmont MD 21788

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

Name of Employer Occupation
First Colonies Anesthesia Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 25 / 2013
Transaction ID : SA11AI.7496

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 14 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7468

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 12312 Highstakes Drive

City Reisterstown State MD Zip Code 21136

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7490

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 9310 Leigh Mill Ct.

City Great Falls State VA Zip Code 22066

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7451

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

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

FOR LINE NUMBER: PAGE 15 OF 44
(check only one)

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

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

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

Mailing Address 8101 Ruxton Crossing Road

City Towson State MD Zip Code 21204

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7469

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 1614 Randallwood Court

City Jarrettsville State MD Zip Code 21084

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7470

Amount of Each Receipt this Period 50.00

Payroll deduction

C. Dr. Sung Hong
Full Name (Last, First, Middle Initial)

Mailing Address 8525 Huntspring Drive

City Lutherville State MD Zip Code 21093

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7471

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 16 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Steven Hopper
Full Name (Last, First, Middle Initial)

Mailing Address 4550 N. Park Avenue #101

City Chevy Chase State MD Zip Code 20815

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7452

Amount of Each Receipt this Period 50.00

Payroll deduction

B. Dr. Stuart Hough
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 04 / 25 / 2013
Transaction ID : SA11AI.7235

Amount of Each Receipt this Period 75.00

Payroll deduction

c. Dr. Stuart Hough
Full Name (Last, First, Middle Initial)

Mailing Address 9110 Travener Circle

City Frederick State MD Zip Code 21704

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.7330

Amount of Each Receipt this Period 75.00

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 17 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | | <input type="checkbox"/> 17 |

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

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

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7424
 Amount of Each Receipt this Period **75.00**
 Payroll deduction

B. Leo Hsiao
 Full Name (Last, First, Middle Initial)
 Mailing Address 212 Washington Ave Apt. #1217
 City Towson State MD Zip Code 21204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7479
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Sean Isaac
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Starlight Farm Drive
 City Phoenix State MD Zip Code 21131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7477
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 5506 Bootjack Drive

City Frederick State MD Zip Code 21702

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7497

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 7514 Arrowwood Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7453

Amount of Each Receipt this Period 50.00

Payroll deduction

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

Mailing Address 6579 Prestwick Drive

City Highland State MD Zip Code 20777

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7425

Amount of Each Receipt this Period 50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 19 OF 44
(check only one)

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

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

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

Mailing Address 11429 Twining Lane

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 25 / 2013**

Transaction ID : SA11AI.7444

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 4808 Moorland Lane Apt. #803

City Bethesda State MD Zip Code 20814

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 25 / 2013**

Transaction ID : SA11AI.7449

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

Mailing Address 6795 Stockwell Manor Drive

City Falls Church State VA Zip Code 22043

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **06 / 25 / 2013**

Transaction ID : SA11AI.7426

Amount of Each Receipt this Period **50.00**

Payroll deduction

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

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 20 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 11722 Split Tree Circle

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11AI.7427

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 3467 North Venice Street

City Arlington State VA Zip Code 22207

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 25 / 2013

Transaction ID : SA11AI.7454

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 11667 Fairmont Place

City Ijamsville State MD Zip Code 21754

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2013

Transaction ID : SA11AI.7310

Amount of Each Receipt this Period
75.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 21 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 05 | / | 24 | / | 2013 |

Transaction ID : SA11AI.7407

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7498

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **225.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 04 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7266

Amount of Each Receipt this Period

| |
|-------|
| 75.00 |
|-------|

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.7361

Amount of Each Receipt this Period
 75.00

Payroll deduction

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

Mailing Address 6504 Greentree Road

City Bethesda State MD Zip Code 20817

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7455

Amount of Each Receipt this Period
 75.00

Payroll deduction

C. Dr. Stephen Martin
Full Name (Last, First, Middle Initial)

Mailing Address 3336 O Street, NW

City Washington State DC Zip Code 20007

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7428

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 23 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

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

Mailing Address 8913 Cherbourg Drive

City Potomac State MD Zip Code 20854

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7440

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 3709 Falling Green Way

City Mt. Airy State MD Zip Code 21771

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7492

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 15310 Forest Lake Court

City Darnestown State MD Zip Code 20874

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : SA11AI.7319

Amount of Each Receipt this Period
 75.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 24 OF 44
(check only one)

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)
Mailing Address 15310 Forest Lake Court
City Darnestown State MD Zip Code 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : SA11AI.7416
Amount of Each Receipt this Period **75.00**
Payroll deduction

B. Dr. Thomas Munro
Full Name (Last, First, Middle Initial)
Mailing Address 15310 Forest Lake Court
City Darnestown State MD Zip Code 20874
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **375.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7507
Amount of Each Receipt this Period **75.00**
Payroll deduction

C. Dr. Anna Noriega-Nalls
Full Name (Last, First, Middle Initial)
Mailing Address 603 Queen Street #4
City Alexandria State VA Zip Code 22314
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **04 / 25 / 2013**
Transaction ID : SA11AI.7240
Amount of Each Receipt this Period **100.00**
Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

A. Dr. Anna Noriega-Nalls
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Queen Street #4
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **05 / 24 / 2013**
Transaction ID : SA11AI.7335
 Amount of Each Receipt this Period **100.00**
 Payroll deduction

B. Dr. Anna Noriega-Nalls
 Full Name (Last, First, Middle Initial)
 Mailing Address 603 Queen Street #4
 City Alexandria State VA Zip Code 22314
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7429
 Amount of Each Receipt this Period **100.00**
 Payroll deduction

C. Dr. Denis O'Fallon
 Full Name (Last, First, Middle Initial)
 Mailing Address 12123 Merricks Court
 City Monrovia State MD Zip Code 21770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7499
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 26 OF 44
(check only one)

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

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

A. Dr. Philip Owens
Full Name (Last, First, Middle Initial)
Mailing Address 141 Adams Street, NW
City Washington State DC Zip Code 20001
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7430
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Kent Ozkum
Full Name (Last, First, Middle Initial)
Mailing Address 10720 Dern Road
City Emmitsburg State MD Zip Code 21727
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7508
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Paul Park
Full Name (Last, First, Middle Initial)
Mailing Address 510 Golden Oak Terrace
City Rockville State MD Zip Code 20850
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7431
Amount of Each Receipt this Period **50.00**
Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

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

Mailing Address 1813 Solitaire Lane

City McLean State VA Zip Code 22101

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7432

Amount of Each Receipt this Period
 50.00

Payroll deduction

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

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 25 / 2013
Transaction ID : SA11AI.7267

Amount of Each Receipt this Period
 75.00

Payroll deduction

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

Mailing Address 4 Farm Haven Court

City Rockville State MD Zip Code 20852

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

Name of Employer First Colonies Anesthesia Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 24 / 2013
Transaction ID : SA11AI.7362

Amount of Each Receipt this Period
 75.00

Payroll deduction

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

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 28 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Michael Peck
Full Name (Last, First, Middle Initial)
Mailing Address 4 Farm Haven Court

| | | |
|-------------------|-------------|-------------------|
| City Rockville | State MD | Zip Code 20852 |
|-------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7456

Amount of Each Receipt this Period
75.00

Payroll deduction

B. Dr. Ramani Peruvemba
Full Name (Last, First, Middle Initial)
Mailing Address 8302 Fox Haven Drive

| | | |
|----------------|-------------|-------------------|
| City McLean | State VA | Zip Code 22102 |
|----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7433

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Eugen Pirovic
Full Name (Last, First, Middle Initial)
Mailing Address 3912 Calverton Drive

| | | |
|---------------------|-------------|-------------------|
| City Hyattsville | State MD | Zip Code 20782 |
|---------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7462

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 29 OF 44 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) A. Dr. Jeffrey Richman | | Date of Receipt MM / DD / YYYY 06 / 25 / 2013 Transaction ID : SA11AI.7476 |
| Mailing Address 6906 Granite Ridge Ct. | | Amount of Each Receipt this Period 50.00 |
| City Baltimore | State MD | Zip Code 21209 |
| FEC ID number of contributing federal political committee. C | Payroll deduction | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) B. Dr. Charles Rizzuto | | Date of Receipt MM / DD / YYYY 06 / 25 / 2013 Transaction ID : SA11AI.7473 |
| Mailing Address 6409 Pinehurst Road | | Amount of Each Receipt this Period 50.00 |
| City Baltimore | State MD | Zip Code 21212 |
| FEC ID number of contributing federal political committee. C | Payroll deduction | |
| Name of Employer First Colonis Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

| | | |
|---|------------------------------------|--|
| Full Name (Last, First, Middle Initial) C. Dr. Alexander Rubin | | Date of Receipt MM / DD / YYYY 06 / 25 / 2013 Transaction ID : SA11AI.7500 |
| Mailing Address 6611 Hunter Trail Way | | Amount of Each Receipt this Period 50.00 |
| City Frederick | State MD | Zip Code 21702 |
| FEC ID number of contributing federal political committee. C | Payroll deduction | |
| Name of Employer First Colonies Anesthesia | Occupation Physician | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 250.00 | |

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

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

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

FOR LINE NUMBER: PAGE 30 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Leudvig Sardarian
 Full Name (Last, First, Middle Initial)
 Mailing Address 11601 Brandy Hall Lane
 City North Potomac State MD Zip Code 20878
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7511
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Suzanne Scattergood
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Crossway Road
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 25 / 2013
Transaction ID : SA11AI.7313
 Amount of Each Receipt this Period 100.00
 Payroll deduction

C. Dr. Suzanne Scattergood
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Crossway Road
 City Rockville State MD Zip Code 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 24 / 2013
Transaction ID : SA11AI.7410
 Amount of Each Receipt this Period 100.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 31 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Suzanne Scattergood
 Full Name (Last, First, Middle Initial)
 Mailing Address 14700 Crossway Road
 City State Zip Code
 Rockville MD 20853
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7501
 Amount of Each Receipt this Period
 100.00
 Payroll deduction

B. Dr. Mark Seymour
 Full Name (Last, First, Middle Initial)
 Mailing Address 2932 Thurston Rd.
 City State Zip Code
 Frederick MD 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7502
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

C. Dr. Nader Soliman
 Full Name (Last, First, Middle Initial)
 Mailing Address 22905 David Mill Road
 City State Zip Code
 Germantown MD 20876
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Colonies Anesthesia Physician
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013
Transaction ID : SA11AI.7434
 Amount of Each Receipt this Period
 50.00
 Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 32 OF 44
(check only one)

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

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

A. Dr. Robert Study
Full Name (Last, First, Middle Initial)
Mailing Address 6 Beall Spring Court
City Potomac State MD Zip Code 20854
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7457
Amount of Each Receipt this Period **50.00**
Payroll deduction

B. Dr. Lisa Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 4639 Teen Barnes Road
City Frederick State MD Zip Code 21703
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7503
Amount of Each Receipt this Period **50.00**
Payroll deduction

C. Dr. Robert Sullivan
Full Name (Last, First, Middle Initial)
Mailing Address 4639 Teen Barnes Road
City Frederick State MD Zip Code 21703
FEC ID number of contributing federal political committee. **C**
Name of Employer First Colonies Anesthesia Occupation Physician
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7504
Amount of Each Receipt this Period **50.00**
Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 33 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Louis Swann
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 6081

| | | |
|----------------|-------------|-------------------|
| City McLean | State VA | Zip Code 22106 |
|----------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7458

Amount of Each Receipt this Period
50.00

Payroll deduction

B. Dr. Rojack Tan
Full Name (Last, First, Middle Initial)
Mailing Address 507 Goodland Place

| | | |
|-------------------|-------------|-------------------|
| City Rockville | State MD | Zip Code 20850 |
|-------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7459

Amount of Each Receipt this Period
50.00

Payroll deduction

C. Dr. Bernard Tsai
Full Name (Last, First, Middle Initial)
Mailing Address 10013 New London Drive

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7435

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 34 OF 44 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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

A. Dr. Reed Underwood
Full Name (Last, First, Middle Initial)

Mailing Address 1518 T Street, NW

| | | |
|--------------------|-------------|-------------------|
| City Washington | State DC | Zip Code 20009 |
|--------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7445

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

B. Dr. Arnaldo Valedon
Full Name (Last, First, Middle Initial)

Mailing Address 22 Woodfield Court

| | | |
|----------------------|-------------|-------------------|
| City Reisterstown | State MD | Zip Code 21136 |
|----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7483

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

Mailing Address 405 Apple Grove Road

| | | |
|-----------------------|-------------|-------------------|
| City Silver Spring | State MD | Zip Code 20904 |
|-----------------------|-------------|-------------------|

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 25 | / | 2013 |

Transaction ID : SA11AI.7488

Amount of Each Receipt this Period

| |
|-------|
| 50.00 |
|-------|

Payroll deduction

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

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

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

| | |
|---|------------------------------|
| FOR LINE NUMBER: | PAGE 35 OF 44 |
| (check only one) | |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> | <input type="checkbox"/> 17 |

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

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

Mailing Address 7101 Meadow Lane

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Chevy Chase | MD | 20815 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : SA11AI.7436

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 1149 Colonial Road

| | | |
|--------|-------|----------|
| City | State | Zip Code |
| McLean | VA | 22101 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : SA11AI.7460

Amount of Each Receipt this Period
50.00

Payroll deduction

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

Mailing Address 1200 Colvin Meadows Lane

| | | |
|-------------|-------|----------|
| City | State | Zip Code |
| Great Falls | VA | 22066 |

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 25 / 2013

Transaction ID : SA11AI.7438

Amount of Each Receipt this Period
50.00

Payroll deduction

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

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

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

FOR LINE NUMBER: PAGE 36 OF 44
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Timothy Wex
 Full Name (Last, First, Middle Initial)
 Mailing Address 11429 Cedar Ridge Drive
 City Potomac State VA Zip Code 20854
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7461
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7474
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7489
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 37 OF 44 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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

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

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7480
 Amount of Each Receipt this Period 50.00
 Payroll deduction

B. Dr. Monfold Wolf
 Full Name (Last, First, Middle Initial)
 Mailing Address 4822 Tilly Dr.
 City Sykesville State MD Zip Code 21784
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7486
 Amount of Each Receipt this Period 50.00
 Payroll deduction

C. You Wu
 Full Name (Last, First, Middle Initial)
 Mailing Address 910 Dunlavin Ct.
 City Timonium State MD Zip Code 21093
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 25 / 2013
Transaction ID : SA11AI.7475
 Amount of Each Receipt this Period 50.00
 Payroll deduction

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

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

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 38 OF 44 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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

A. David Wyler
 Full Name (Last, First, Middle Initial)
 Mailing Address 6912 Granite Ridge Court
 City Baltimore State MD Zip Code 21209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7487
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

B. Dr. Ai Qin Yu
 Full Name (Last, First, Middle Initial)
 Mailing Address 13508 Gumspring Road
 City Rockville State MD Zip Code 20850
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7439
 Amount of Each Receipt this Period **50.00**
 Payroll deduction

C. Dr. Jungim Yun
 Full Name (Last, First, Middle Initial)
 Mailing Address 2057 Thurston Road
 City Frederick State MD Zip Code 21704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer First Colonies Anesthesia Occupation Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 25 / 2013**
Transaction ID : SA11AI.7505
 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)..... | 5700.00 |

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Andy Harris

Mailing Address 301 W Pennsylvania Ave

City Towson State MD Zip Code 20214

Purpose of Disbursement
Contribution

011

Candidate Name

Andy Harris

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MD District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| 0 | 5 | | 0 | 1 | | 2 | 0 | 1 | 3 | | |

Transaction ID : SB23.7527

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y | Y | Y |
| | | | | | | | | | | | |

Amount of Each Disbursement this Period

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

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

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

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Barve Re-election Committee

Mailing Address 1688 E. Gude Drive
Suite #202

City Rockville State MD Zip Code 20850

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

010
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7514

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Citizens for Delores Kelley

Mailing Address PO Box 21514

City Baltimore State MD Zip Code 21282

Purpose of Disbursement
Contribution

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7530

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Robert Gargiola

Mailing Address 11 Balden Street
Room 104

City Annapolis State MD Zip Code 21401

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MD District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.7518

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. O'SAY CAN YOU SEE PAC

Mailing Address PO BOX 468

City ANNAPOLIS State MD Zip Code 21404

Purpose of Disbursement
Contribution

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB29.7523

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) Transaction ID : H4.7516
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 1250.00
Date: 01 / 07 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
0.00 + 1250.00 = 1250.00

B. Full Name (Last, First, Middle Initial) Transaction ID : H4.7520
Maryland Chamber of Commerce
Mailing Address 60 West St. Suite 100
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Annual membership
Activity or Event Identifier: Administrative
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: 2215.00
Date: 02 / 25 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
0.00 + 965.00 = 965.00

C. Full Name (Last, First, Middle Initial) Transaction ID : H4.7521
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street
City Annapolis State MD Zip Code 21401
Purpose of Disbursement: Lobbying expense
Activity or Event Identifier: Administrative
Allocated Activity or Event: Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC
Allocated Activity or Event Year-To-Date: 3465.00
Date: 02 / 25 / 2013
FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
0.00 + 1250.00 = 1250.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 3465.00 | | 3465.00 |

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

| | | |
|---------------|------------------|--------------|
| FEDERAL SHARE | NONFEDERAL SHARE | TOTAL AMOUNT |
| | | |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.7525**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying expense

Activity or Event Identifier:
Administrative

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
4715.00

Date / /

| | | | | |
|-----------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="1250.00"/> | | <input type="text" value="1250.00"/> |

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.7526**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying expense

Activity or Event Identifier:
Administrative

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
5965.00

Date / /

| | | | | |
|-----------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="1250.00"/> | | <input type="text" value="1250.00"/> |

C. Full Name (Last, First, Middle Initial) **Transaction ID : H4.7528**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Contribution

Activity or Event Identifier:
Administrative

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
7215.00

Date / /

| | | | | |
|-----------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="1250.00"/> | | <input type="text" value="1250.00"/> |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|-----------------------------------|---|--------------------------------------|---|--------------------------------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| <input type="text" value="0.00"/> | | <input type="text" value="3750.00"/> | | <input type="text" value="3750.00"/> |

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

| | | | | |
|----------------------|--|----------------------|--|----------------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| <input type="text"/> | | <input type="text"/> | | <input type="text"/> |

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) **Transaction ID : H4.7529**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying expense

Activity or Event Identifier:
Administrative

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
8465.00

Date / /

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 1250.00 | | 1250.00 |

B. Full Name (Last, First, Middle Initial) **Transaction ID : H4.7531**
Barbara Marx Brocato & Associates
Mailing Address 18 Pinkney Street

City State Zip Code
Annapolis MD 21401

Purpose of Disbursement:
Lobbying and expense reimbursement

Activity or Event Identifier:
Administrative

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
9940.21

Date / /

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 1475.21 | | 1475.21 |

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| | | | | |

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

| | | | | |
|---------------|---|------------------|---|--------------|
| FEDERAL SHARE | + | NONFEDERAL SHARE | = | TOTAL AMOUNT |
| 0.00 | | 2725.21 | | 2725.21 |

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

| | | | | |
|---------------|--|------------------|--|--------------|
| FEDERAL SHARE | | NONFEDERAL SHARE | | TOTAL AMOUNT |
| 0.00 | | 9940.21 | | 9940.21 |