Image# 201610129032276114					PAGE 1 / 99
FEC AN	PORT OF R ND DISBURS Other Than An Autho	EMENT	S	Office L	Jse Only
1. NAME OF TYP COMMITTEE (in full)	e or print ▼	Example: If typin over the lines.	ng, type	2FE4M5	
					TTEE
ADDRESS (number and street)		Y			
Check if different than previously reported. (ACC)				MD 2170	3
2. FEC IDENTIFICATION NUMB	ER V CITY		STA	ATE 🔺	ZIP CODE
C C00416305	3. IS T REP		NEW N) OR	AMENDED (A)	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 	b) Monthly Report Due On: Apr 20 (c) 12-Day PRE-Election	(M3)	May 20 (M5) Jun 20 (M6) Jul 20 (M7)	 Aug 20 (M8) Sep 20 (M9) Oct 20 (M10) General (12G) 	Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3) January 31	Report for the:	Convention (Special (12S)	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (300	a)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election of	n /	D D / Y	YYYY	in the State of
5. Covering Period 07	01 / Y Y Y Y Y 01 2016	through	M M / 09		у у 016
I certify that I have examined this Re R Type or Print Name of Treasurer	eport and to the best of my toth, Jeremy, , Dr.,	/ knowledge and I	belief it is true,	correct and comple	ete.
Signature of Treasurer	my, , Dr.,	[Electronicall	y Filed] Date		2 / Y Y Y Y Y 2016
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the per-	son signing this	Report to the penalt	ties of 52 U.S.C. § 3010
Office Use Only					C FORM 3X Rev. 05/2016

10/12/2016 14 : 02

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	Report Covering the Period: From:	77 01 Y Y Y Y 2016 To	. 09 / 0 0 / 0 0 0 0 0 0 0 0 0 0 0 0 0 0
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		109334.77
	(b) Cash on Hand at Beginning of Reporting Period	101140.38	
	(c) Total Receipts (from Line 19)	15500.00	38350.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	116640.38	147684.77
7.	Total Disbursements (from Line 31)	20999.99	52044.38
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	95640.39	95640.39
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 / 2016 To:	M M / D D Y
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	12825.00	18675.00
	(ii) Unitemized (iii) TOTAL (add	2675.00	19675.00
	Lines 11(a)(i) and (ii)	15500.00	38350.00
	(b) Political Party Committees(c) Other Political Committees	0.00	0.00
	(such as PACs) (d) Total Contributions (add Lines	0.00	0.00
12	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) Transfers From Affiliated/Other	15500.00	38350.00
12.	Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00
	(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))▶	15500.00	38350.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	15500.00	38350.00

Page 3

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) Page 4 COLUMN A COLUMN B **II. Disbursements Total This Period Calendar Year-to-Date** 21. Operating Expenditures: Allocated Federal/Non-Federal (a) Activity (from Schedule H4) 0.00 0.00 Federal Share (i) 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 0.00 9344.40 Expenditures (c) Total Operating Expenditures 9344.40 (add 21(a)(i), (a)(ii), and (b)) 0.00 22. Transfers to Affiliated/Other Party Committees..... 0.00 0.00 23 Contributions to Federal Candidates/Committees 9700.00 and Other Political Committees... 2500.00 24. Independent Expenditures (use Schedule E)...... Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... 0.00 0.00 25. 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 Loans Made.... Refunds of Contributions To: (a) Individuals/Persons Other 0.00 27. 28. 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees 0.00 0.00 Other Political Committees (C) (such as PACs)..... 0.00 0.00 Total Contribution Refunds (d) (add Lines 28(a), (b), and (c))...... 0.00 0.00 29. Other Disbursements (Including Non-Federal Donations)..... 32999.98 18499.99 30. Federal Election Activity (52 U.S.C. § 30101(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 Total Federal Election Activity (add (C) 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)).. 20999.99 52044.38 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... 20999.99 52044.38

DETAILED SUMMARY PAGE

of Disbursements

COLUMN A

Total This Period

FEC Form 3X (Rev. 05/2016)

III. Net Contributions/ Operating Expenditures

33.	Total Contributions (other than loans)
	(from Line 11(d), page 3)
34.	Total Contribution Refunds
	(from Line 28(d))
35.	Net Contributions (other than loans)
	(subtract Line 34 from Line 33)
36.	Total Federal Operating Expenditures
	(add Line 21(a)(i) and Line 21(b))
37.	Offsets to Operating Expenditures
	(from Line 15, page 3)
38.	Net Operating Expenditures

(subtract Line 37 from Line 36)

					15500.00
	-7-			-7-	
					0.00
1		1	1	-7	0.00
					15500.00
	-			7	15500.00
					0.00
	7			7	0.00
	7			-7	0.00
					0.00
	-7-			-7-	0.00

38350.00 0.00 38350.00 9344.40 0.00 9344.40

COLUMN B

Calendar Year-to-Date

Page 5

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 6 OF

99

			Use separate sche	(check only one)							
ITEMIZED RECEIPTS			for each category of Detailed Summary	¥ 11a 13	11b 14	11c	12	17			
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used address of any political	t by any pers committee to	on for the	ourpose of	soliciting	g contribu	utions		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC P	OLITICA	L ACTIO		MMIT	ΓEE			
A.	Full Name of Individual (Last, First, Middle Initi Abed, Hasan, , ,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 822 Stable Manor Road				07 25 2016						
	City Reisterstown	State MD	Zip Code 21136			action ID : of Each F			t		
	FEC ID number of contributing federal political committee.	С				-		50	.00		
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician		Payroll de	emo Item					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼								
в.	Full Name of Individual (Last, First, Middle Initi Abed, Hasan, , , Mailing Address 822 Stable Manor Road	al) or Full O	Organization Name		1	Receipt					
	City	Zip Code		08 25 2016 Transaction ID : SA11AI.9260							
	Reisterstown	State MD	21136			of Each F			ł		
	FEC ID number of contributing federal political committee.	С					.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	I	Payroll de	emo Item eduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	350.00							
с.	Full Name of Individual (Last, First, Middle Initi Abed, Hasan, , ,	al) or Full O	Organization Name		Date of	Receipt					
	Mailing Address 822 Stable Manor Road	01-1-			09 / 25 / 2016						
	City Reisterstown	State MD	Zip Code 21136		Transaction ID : SA11AI.9356 Amount of Each Receipt this Pe				b		
	FEC ID number of contributing federal political committee.	С				9	, y	50	.00		
Name of Employer (for Individual) First Colonies Anesthesia Receipt For:		Phys	upation (for Individual) sician		Payroll d	emo Item eduction					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 4	00.00							
s	UBTOTAL of Receipts This Page (optional)			····· ►		,	,	150	.00		
Т	OTAL This Period (last page this line number c	only)		····· ►		-					

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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99

ITEMIZED RECEIPTS			Use separate schedule	
11			for each category of the Detailed Summary Page	
				by any person for the purpose of soliciting contributions ommittee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POL	LITICAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init Ajrawat, Satinder, , ,	tial) or Full O	Organization Name	Date of Receipt
	Mailing Address 9905 Potomac Manors Drive			07 25 2016
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.9167 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Memo Item Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.0	.00
в.	Full Name of Individual (Last, First, Middle Init Ajrawat, Satinder, , ,	Date of Receipt		
	Mailing Address 9905 Potomac Manors Drive	08 / D D / Y Y Y Y 25 2016		
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.9265
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period	
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Memo Item Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼	0.00
С.	Full Name of Individual (Last, First, Middle Init Ajrawat, Satinder, , ,	Date of Receipt		
	Mailing Address 9905 Potomac Manors Drive			09 / 25 / Y Y Y Y 2016
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.9361 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.0	0.00
s	UBTOTAL of Receipts This Page (optional)			

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS							(check only one)						
11				or each category of the Detailed Summary Page		× 11a 13		11b 14	11c		ſ	17	
An	y information copied from such Reports and Sta for commercial purposes, other than using the	atements ma	ay no	ot be sold or used by any pe	erson	for the	pur	pose of	solicitin	g conti	ributio	ons	
	NAME OF COMMITTEE (In Full)		luure		10 3			Julions			mille		
	FIRST COLONIES ANESTHESI	A ASSO	CI	ATES LLC POLITIC	AL	ACTI	٥N		MMIT	ΓEE			
Α.	Full Name of Individual (Last, First, Middle Initia Azran, Marc, , ,	al) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 800 Hillsboro Drive					м м 07	1	D 25		ү 201			
	City Silver Spring	State MD		Zip Code 20902	_				SA11AI Receipt tl		riod		
	FEC ID number of contributing federal political committee.	С				<u> </u>			1 1		50.00)	
	Name of Employer (for Individual) First Colonies Anesthesia	Occu Phys	•	ion (for Individual) In		M Payroll c		o Item action					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 300.00									
	Full Name of Individual (Last, First, Middle Initia	al) or Full O	rgar	nization Name	_								
В.	Azran, Marc, , , Mailing Address 800 Hillsboro Drive	,			_	Date o		· .		N.			
				Zip Code		08 25 2016							
	City Silver Spring	MD		20902					SA11AL Receipt th	-	riod		
	FEC ID number of contributing federal political committee.	С						-			50.00)	
	Name of Employer (for Individual) First Colonies Anesthesia		upat vsicia	ion (for Individual) an		Payroll d		ttem Iction					
	Receipt For:	Aggregate											
	Other (specify) ▼			350.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initia Azran, Marc, , ,	al) or Full O	rgar	nization Name		Date o	f Re	eceipt					
	Mailing Address 800 Hillsboro Drive			09 25 2016									
City Silver Spring		State MD		Zip Code 20902					: SA11AI Receipt tl		riod		
	FEC ID number of contributing federal political committee.	ontributing				<u> </u>		9	, , , , , , , , , , , , , , , , , , ,		50.00)	
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				M Payroll o		o Item uction					
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00											
s	UBTOTAL of Receipts This Page (optional)			•				,		1	50.00)	
т	OTAL This Period (last page this line number o	nly)			_			45.1	1 45				

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

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		Use separate schedule(s)	(check only one)							
ILEIVIIZED KEGEIFIS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	17						
Any information copied from such Reports and or for commercial purposes, other than using	I Statements mather name and a	ay not be sold or used by any p address of any political committee	person for the purpose of soliciting contributions							
NAME OF COMMITTEE (IN FUII) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	CAL ACTION COMMITTEE							
Full Name of Individual (Last, First, Middle A. Barkinskiy, Maksim, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 10021 Dickens Avenue			07 / 25 / Y Y Y Y 07 25 2016							
City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.9122 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]							
Full Name of Individual (Last, First, Middle B. Barkinskiy, Maksim, , ,	Initial) or Full C	rganization Name	Date of Receipt							
Mailing Address 10021 Dickens Avenue			08 / 25 / Y Y Y 2016							
City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.9219 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С									
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction							
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]							
Full Name of Individual (Last, First, Middle C. Barkinskiy, Maksim, , ,	Initial) or Full C	organization Name	Date of Receipt							
Mailing Address 10021 Dickens Avenue			M M / D D / Y Y Y Y 09 25 2016							
City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.9316 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	С		50.00							
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]							
SUBTOTAL of Receipts This Page (optional).			150.00]						

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the									
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
<u> </u>	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name							
Α.	Beck, Marc, , , Mailing Address 16 Norris Run Court			Date of Receipt						
	Maning Address 16 Norris Run Court			07 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9146						
	Reisterstown	MD	21136	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		200.00	1						
	Other (specify) v		300.00							
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	rganization Name							
Β.	Beck, Marc, , ,			Date of Receipt						
	Mailing Address 16 Norris Run Court	Ctoto	Zin Code	08 / D D / Y Y Y Y 25 2016						
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.9244						
	FEC ID number of contributing		21130	Amount of Each Receipt this Period						
	federal political committee.	C		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		350.00	1						
с.	Full Name of Individual (Last, First, Middle Init Beck, Marc, , ,	ial) or Full C	rganization Name	Date of Receipt						
	Mailing Address 16 Norris Run Court			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9340						
	Reisterstown	MD	21136	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.			50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia		sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)	· · · ·	400.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00						
Т	OTAL This Period (last page this line number of	only)	•••••							

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Init Briggs, Jeffrey, , ,	ial) or Full O	Prganization Name	Date of Receipt						
	Mailing Address 14952 Finegan Farm Rd			07 25 2016						
	City Germantown	State MD	Zip Code 20874	Transaction ID : SA11AI.9104						
			20074	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General									
	Other (specify) ▼		300.00							
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name							
В.	Briggs, Jeffrey, , ,			Date of Receipt						
	Mailing Address 14952 Finegan Farm Rd	08 / D D / Y Y Y Y 08 25 2016								
	City	State MD	Zip Code 20874	Transaction ID : SA11AI.9201						
	Germantown		20074	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		350.00							
— c.	Full Name of Individual (Last, First, Middle Init Briggs, Jeffrey, , ,	ial) or Full O	organization Name	Date of Receipt						
	Mailing Address 14952 Finegan Farm Rd			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9297						
	Germantown	MD	20874	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia		sician	Payroll deduction						
	Receipt For:		Year-to-Date V							
	Primary General	33 - 3								
	Other (specify)		400.00							
s	UBTOTAL of Receipts This Page (optional)		•	150.00						
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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIP	13	for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
			person for the purpose of soliciting contributions e to solicit contributions from such committee.					
NAME OF COMMITTEE	(In Full)							
	S ANESTHESIA ASSO	DCIATES LLC POLITIC	CAL ACTION COMMITTEE					
Full Name of Individual (I Buckley, Christopher,	ast, First, Middle Initial) or Full (Drganization Name	Date of Receipt					
Mailing Address 49 Boon	1		09 25 2016					
City Severna Park	State MD	Zip Code 21146	Transaction ID : SA11AI.9372 Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	ŝ.		75.00					
Name of Employer (for In	dividual) Oco	cupation (for Individual)	Memo Item					
First Colonies Anesthesia	Ph	ysician	Payroll deduction					
Receipt For:	Aggregate	Year-to-Date ▼						
	eneral	225.00	1					
Other (specify) ▼		223.00]					
Full Name of Individual (I B. Bunker, John, , ,	ast, First, Middle Initial) or Full (Drganization Name	Date of Receipt					
Mailing Address 15229 N	ational Pike		07 25 2016					
City	State	Zip Code	Transaction ID : SA11AI.9183					
Hagerstown	MD	21740	Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	ŝ.		50.00					
Name of Employer (for Ir First Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction					
Receipt For:	Aggregate	Year-to-Date ▼						
Other (specify) ▼	eneral	, 300.00]					
Full Name of Individual (I C. Bunker, John, , ,	ast, First, Middle Initial) or Full (Drganization Name	Date of Receipt					
Mailing Address 15229 N	ational Pike		08 25 2016					
City	State	Zip Code	Transaction ID : SA11AI.9279					
Hagerstown	MD	21740	Amount of Each Receipt this Period					
FEC ID number of contrib federal political committee	ŝ.		50.00					
Name of Employer (for In		cupation (for Individual)	Memo Item Payroll deduction					
First Colonies Anesthesia Receipt For:		vsician						
	eneral	Year-to-Date ▼	_					
Other (specify)		350.00						
SUBTOTAL of Receipts Th	is Page (optional)		175.00					
TOTAL This Period (last pa	ge this line number only)							

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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							(check only one)						
116	MIZED RECEIPTS		for each category of the Detailed Summary Page			× 11a 13		11b	11c		2	17	
Any or fo	information copied from such Reports and Sta r commercial purposes, other than using the r	tements ma	l ay n addre	ot be sold or used by any pe	erson	for the	pur	pose of	f solicitin	g cont	ributio	ons	
	AME OF COMMITTEE (In Full)												
	FIRST COLONIES ANESTHESI	A ASSO	CL	ATES LLC POLITIC	AL	ACTI	٥N	I CO	MMIT	TEE			
	ull Name of Individual (Last, First, Middle Initia Bunker, John, , ,	l) or Full O)rgai	nization Name		Date o	of Re	eceipt					
N	lailing Address 15229 National Pike					09 25 2016							
	ity łagerstown	State MD		Zip Code 21740					SA11AI Receipt t		riod		
	EC ID number of contributing deral political committee.	С				<u> </u>					50.00)	
N	ame of Employer (for Individual)	Occi	upat	ion (for Individual)		Μ	lemo	b Item					
	irst Colonies Anesthesia	Phy	sicia	an		Payroll	dedu	uction					
R	eceipt For:	Aggregate	Yea	ır-to-Date ▼									
	Primary General			400.00									
	Other (specify) ▼		7										
	ull Name of Individual (Last, First, Middle Initia Charney, Donald, , ,	l) or Full O)rgai	nization Name		Date o	of Re	eceipt					
N	lailing Address 3707 Meadowhill Court	dress 3707 Meadowhill Court				м м 07	/	25		201			
С	ity	State		Zip Code		Trans	sact	ion ID :	SA11AI	.9147			
F	hoenix	MD		21131		Amoun	t of	Each F	Receipt t	his Pe	riod		
	EC ID number of contributing deral political committee.	C			50.00								
	ame of Employer (for Individual) rst Colonies Anesthesia		upa /sicia	tion (for Individual) an		Payroll c		o Item Iction					
R	eceipt For:	Aggregate	Yea	ur-to-Date ▼									
	Primary General Other (specify) ▼		,	300.00									
	ull Name of Individual (Last, First, Middle Initia Charney, Donald, , ,	l) or Full O)rgai	nization Name		Date o	of Re	eceipt					
N	lailing Address 3707 Meadowhill Court					08	/	25		201			
	ity	State MD		Zip Code					: SA11A			_	
	Phoenix			21131		Amoun	t of	Each F	Receipt t	his Pe	riod		
	EC ID number of contributing deral political committee.	C				<u> </u>		y			50.00)	
	ame of Employer (for Individual)	Occupation (for Individual)				Payroll deduction							
_	irst Colonies Anesthesia eceipt For:	Phys				i ayıon (ueut						
	Primary General Other (specify)	Aggregate	Yea	r-to-Date ▼ 350.00									
	BTOTAL of Receipts This Page (optional)				 -	ļ.	-	,	- y	1	50.00)	
TO	TAL This Period (last page this line number or	nly)		····· •	•			_					

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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		Use separate schedule(s)	(check only one)						
II LIVIIZED REGEIFIJ		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
or for commercial purposes, other than using	nd Statements ma	ay not be sold or used by any p ddress of any political committe	erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE						
Full Name of Individual (Last, First, Middle A. Charney, Donald, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 3707 Meadowhill Court		09 / D D / Y Y Y Y 25 2016							
City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.9341 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
B. Chary, Satyam, , , Mailing Address 9 Alterwood Lane	e Initial) or Full O	rganization Name	Date of Receipt						
City	State	Zip Code	07 25 2016 Transaction ID : SA11AI.9148						
Owings Mill	MD	21117	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00	1						
Full Name of Individual (Last, First, Middle C. Chary, Satyam, , ,	e Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 9 Alterwood Lane			08 25 2016						
City Owings Mill	State MD	Zip Code 21117	Transaction ID : SA11AI.9246 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00	1						
SUBTOTAL of Receipts This Page (optional)		150.00						

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

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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

PAGE 15 OF

IT.			Use separate schedule(s)	(check only	(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	× 11a	11b	11c 15	12	17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	ourpose of	soliciting	contribu	tions			
	NAME OF COMMITTEE (In Full)										
	FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	AL ACTIO		/MITT	ΈE				
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name								
Α.	••••••			Date of	Receipt						
	Mailing Address 9 Alterwood Lane			09	/ D D 25	/ Y	2016	Y			
	City	State MD	Zip Code		action ID :						
	Owings Mill		21117	Amount	of Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С				-	50.	00			
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Me	mo Item						
	First Colonies Anesthesia		sician	Payroll d	eduction						
	Receipt For:		Year-to-Date V	_ ^							
	Primary General	riggroguto									
	Other (specify) V	<u> </u>	400.00								
в.	Full Name of Individual (Last, First, Middle Initi Chen, Edward, , ,	al) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 10209 Fleming Avenue			07	/ D D 25	/ Y	y y 2016	Y			
	City	State	Zip Code	Trans	Transaction ID : SA11AI.9105						
	Bethesda	MD	20814	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C Occupation (for Individual) Physician			Memo Item Payroll deduction						
	Name of Employer (for Individual) First Colonies Anesthesia										
	Receipt For:	Agaregate	Year-to-Date ▼								
	Primary General Other (specify) ▼		300.00	1							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Chen, Edward, , ,	al) or Full O	rganization Name	Date of	Receipt						
	Mailing Address 10209 Fleming Avenue				/ D D 25	/ Y	2016	Y			
	City	State	Zip Code	Trans	action ID :	SA11AI.	9202				
	Bethesda	MD	20814	Amount	of Each R	eceipt th	is Period				
	FEC ID number of contributing federal political committee.	С			y		50.	00			
	Name of Employer (for Individual)	Осси	upation (for Individual)	Me	emo Item						
	First Colonies Anesthesia		sician	Payroll d	eduction						
	Receipt For:		Year-to-Date V								
	Primary General	00 0									
	Other (specify)	L	350.00								
s	UBTOTAL of Receipts This Page (optional)						150.	00			
т	OTAL This Period (last page this line number of	only)	-	. [.							

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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170			Use separate schedule(s)	(check only one)					
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initi Chen, Edward, , ,	al) or Full O	Organization Name	Date of Receipt					
	Mailing Address 10209 Fleming Avenue			09 25 2016					
	City Bethesda	State MD	Zip Code 20814	Transaction ID : SA11AI.9298 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phy	vsician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		400.00						
	Other (specify) ▼		400.00						
B	Full Name of Individual (Last, First, Middle Initi Chester, William, , ,	al) or Full O	Organization Name	Date of Receipt					
	Mailing Address 1906 Thurston Rd.								
			07 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9106					
	Dickerson	MD	20842	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		300.00						
с.	Full Name of Individual (Last, First, Middle Initi Chester, William, , ,	al) or Full O	Organization Name	Date of Receipt					
	Mailing Address 1906 Thurston Rd.			08 / D D / Y Y Y Y 08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9203					
	Dickerson	MD	20842	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occu	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phys	sician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify)		350.00						
⊢	UBTOTAL of Receipts This Page (optional)		· ·	150.00					

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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110				(check only one)					
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	/ information copied from such Reports and Sta for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initia Chester, William, , ,	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 1906 Thurston Rd.								
	~			09 25 2016					
	City Dickerson	State MD	Zip Code 20842	Transaction ID : SA11AI.9299					
-			20012	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phys	ician	Payroll deduction					
	Receipt For:	Aggregate `	Year-to-Date ▼						
	Primary General Other (specify) ▼		400.00	1					
				1					
	Full Name of Individual (Last, First, Middle Initia Ciolino, Charles, , ,	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 11008 South Glen Road			07 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9123					
	Potomac	MD	20854	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00 Memo Item Payroll deduction					
	Name of Employer (for Individual) First Colonies Anesthesia		pation (for Individual) sician						
	Receipt For:	Aggregate `	Year-to-Date ▼						
	Primary General Other (specify) ▼		, 300.00]					
	Full Name of Individual (Last, First, Middle Initia	al) or Full Or	ganization Name	Date of Receipt					
	Mailing Address 11008 South Glen Road			08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9220					
-	Potomac	MD	20854	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phys	ician	Payroll deduction					
	Receipt For:	Aggregate `	Year-to-Date ▼						
	Primary General Other (specify)		350.00	1					
				1					
SI	JBTOTAL of Receipts This Page (optional)			150.00					
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Use separate schedule(s)

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			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.					
\setminus	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES								
	TINOT COLONIES ANEOTHES								
<u> </u>	Full Name of Individual (Last, First, Middle Init Ciolino, Charles, , ,	ial) or Full O	rganization Name	Date of Receipt					
Mailing Address 11008 South Glen Road				09 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9317					
	Potomac	MD	20854	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	000	upation (for Individual)	Memo Item					
	First Colonies Anesthesia		sician	Payroll deduction					
	Receipt For:	,	Year-to-Date ▼						
	Primary General	Aggregate							
	Other (specify)	L	400.00]					
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name						
Β.	Coore, Lincoln, , ,			Date of Receipt					
	Mailing Address 11546 Fox River Drive			07 25 / Y Y Y Y Y					
	City	State	Zip Code	Transaction ID : SA11AI.9156					
	Ellicott City	MD	21042	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		450.00]					
— C.	Full Name of Individual (Last, First, Middle Init Coore, Lincoln, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 11546 Fox River Drive			08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9254					
	Ellicott City	MD	21042	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	First Colonies Anesthesia		sician	Payroll deduction					
	Receipt For:		Year-to-Date ▼						
	Primary General	riggiogato							
	Other (specify)		525.00						
s	UBTOTAL of Receipts This Page (optional)			200.00					
Т	OTAL This Period (last page this line number	only)							

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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			Use separate schedule(s)	(check only one)						
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Initi Coore, Lincoln, , ,	al) or Full O	rganization Name	Date of Receipt						
Mailing Address 11546 Fox River Drive				09 25 2016						
	City Ellicott City	State MD	Zip Code 21042	Transaction ID : SA11AI.9350 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer (for Individual)	Occu	pation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phys	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General		000.00	1						
	Other (specify)		600.00							
В.	Full Name of Individual (Last, First, Middle Initi Coursey, Melvin, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 18720 Shremor Drive		07 25 2016							
	City	State	Zip Code	Transaction ID : SA11AI.9108						
	Derwood	MD	20855	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼	Primary General								
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Coursey, Melvin, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 18720 Shremor Drive			M M / D D / Y						
	City	State	Zip Code	Transaction ID : SA11AI.9205						
	Derwood	MD	20855	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia	Occu Phys	ıpation (for Individual) sician	Payroll deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00							
⊢	UBTOTAL of Receipts This Page (optional)			175.00						

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)							
		for each category of the Detailed Summary Page				X 11a 13	11b 14	11c		12 16	17		
Ar or	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements ma name and a	ay n Iddre	ot be sold or used by any pe ess of any political committee	ersoi to	n for the p	ourpose o tributions	of soliciting	g cont	tributio	ons		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CL	ATES LLC POLITIC	AL	ACTIC	ON CC		ΓEE				
A. Coursey, Melvin, , ,		I Name of Individual (Last, First, Middle Initial) or Full Organization Name oursey, Melvin, , ,				Date of Receipt							
	Mailing Address 18720 Shremor Drive					09 25 2016							
	City Derwood	State MD		Zip Code 20855	_			: SA11AI. Receipt th		eriod			
	FEC ID number of contributing federal political committee.	С					-9-	а п 1 Ара		50.00)		
	Name of Employer (for Individual) First Colonies Anesthesia		upat sicia	ion (for Individual) an		Me Payroll de	mo Item						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	r-to-Date ▼ 400.00									
в.	Full Name of Individual (Last, First, Middle Init DeLoach, Lauren, , , Mailing Address 15114 Pepperridge Drive	ial) or Full O	rgar	nization Name	_	Date of	/ D	D / Y			ſ		
	City	State		Zip Code	_	07 25 2016 Transaction ID : SA11AI.9171							
	Bowie	MD	-	20721	_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C				<u>L</u>				50.00)		
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				Memo Item Payroll deduction							
	Receipt For: Primary General Other (specify) ▼	Aggregate	r-to-Date ▼ 300.00										
С.	Full Name of Individual (Last, First, Middle Init DeLoach, Lauren, , ,	ial) or Full O	rgar	nization Name		Date of	Receipt						
	Mailing Address 15114 Pepperridge Drive					м м 08	/ D 2	р / Ү 5	201		ſ		
	City Bowie	State MD		Zip Code 20721	_			: SA11AI Receipt th			_		
	FEC ID number of contributing federal political committee.	С					,	. ,		50.00	D		
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				Me Payroll de	emo Item eduction						
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 350.00											
s	UBTOTAL of Receipts This Page (optional)			•••••	I _		,	5		150.00			

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

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IT.			Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE						
<u> </u>	Full Name of Individual (Last, First, Middle Initi DeLoach, Lauren, , ,	al) or Full O	Drganization Name	Date of Receipt						
Mailing Address 15114 Pepperridge Drive				09 25 2016						
	City Bowie	State MD	Zip Code 20721	Transaction ID : SA11AI.9365 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		supation (for Individual) /sician	Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
В.	Full Name of Individual (Last, First, Middle Initi Emamhosseini, Ali, , , Mailing Address 47788 Saulty Drive	al) or Full O	Organization Name	Date of Receipt						
	City	State	Zip Code	07 25 2016 Transaction ID : SA11AI.9130						
	Sterling	VA	20165	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00 Memo Item Payroll deduction						
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Emamhosseini, Ali, , ,	al) or Full O	Drganization Name	Date of Receipt						
	Mailing Address 47788 Saulty Drive			08 / D D / Y Y Y Y Y 25 / 2016						
	City Sterling	State VA	Zip Code 20165	Transaction ID : SA11AI.9226 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00							
s	UBTOTAL of Receipts This Page (optional)		•••••	150.00						
т	OTAL This Period (last page this line number o	nly)								

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using th NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	e name and a	address of any political committee	e to solicit contributions from such committee.
Full Name of Individual (Last, First, Middle Ir A. Emamhosseini, Ali, , , Mailing Address 47788 Saulty Drive City Sterling FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For:	State VA C Occ Phy	Drganization Name Zip Code 20165 upation (for Individual) rsician Year-to-Date ▼	Date of Receipt
Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Ir B. Evans, Richard, , ,		400.00	Date of Receipt
Mailing Address 6436 West Langley Lane City McLean FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Aggregate	Zip Code 22101 supation (for Individual) ysician Year-to-Date 300.00	Date of freespic 07 25 2016 Transaction ID : SA11AI.9128 Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
Full Name of Individual (Last, First, Middle Ir C. Evans, Richard, , , Mailing Address 6436 West Langley Lane City McLean FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For: Primary General Other (specify)	State VA C Occ Phy	Zip Code 22101 Pupation (for Individual) sician Year-to-Date ▼ 350.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			150.00

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

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and St for commercial purposes, other than using the								
\setminus	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Init Evans, Richard, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6436 West Langley Lane			09 / D D / Y Y Y Y 25 / 2016					
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.9321 Amount of Each Receipt this Period					
		-							
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phy	sician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date ▼	_					
	Primary General								
	Other (specify) V	L	400.00						
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name						
В.	Gabrielli, Tamara, , ,			Date of Receipt					
	Mailing Address 504 Reserve Champion Drive			07 / 25 / 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9185					
	Rockville	MD	20850	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction					
	Receipt For:		Year-to-Date V						
	Primary General	Aggregate							
	Other (specify) V		300.00						
с.	Full Name of Individual (Last, First, Middle Init Gabrielli, Tamara, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 504 Reserve Champion Drive			08 / D D / Y Y Y Y Y 08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9281					
	Rockville	MD	20850	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	First Colonies Anesthesia		sician	Payroll deduction					
	Receipt For:	1 -	Year-to-Date V	-					
	Primary General	, iggi oguto							
	Other (specify)		350.00						
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\vdash	UBTOTAL of Receipts This Page (optional)								
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SCHEDULE A (FEC Form 3X) Ľ

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FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	A ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Gabrielli, Tamara, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 504 Reserve Champion Drive			09 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9377			
	Rockville	MD	20850	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	, iggi oguto					
	Other (specify) v		400.00				
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name				
Β.	Gambon, Thomas, , ,			Date of Receipt			
	Mailing Address 7700 Charleston Drive	07 / 25 / Y Y Y 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9195			
	Bethesda	MD	20817	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) ysician	Payroll deduction			
	Receipt For:	Angregate	Year-to-Date V				
	Primary General Other (specify) ▼		300.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Gambon, Thomas, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 7700 Charleston Drive			08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9291			
	Bethesda	MD	20817	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia		sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	00 0					
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And information of the transformer to the	04-4-		13 14 15 16 17			
Any information copied from such Reports and s or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	CAL ACTION COMMITTEE			
Full Name of Individual (Last, First, Middle In A. Gambon, Thomas, , ,	nitial) or Full C	Drganization Name	Date of Receipt			
Mailing Address 7700 Charleston Drive			09 25 2016			
City	State	Zip Code	Transaction ID : SA11AI.9387			
Bethesda	MD	20817	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction			
Receipt For:						
Primary General Other (specify) ▼	Primary General General					
Full Name of Individual (Last, First, Middle In B. Grube, Steven, , ,	nitial) or Full C	Drganization Name	Date of Receipt			
Mailing Address 13895 Foxtower Road	07 25 2016					
City	State	Zip Code	Transaction ID : SA11AI.9186			
Thurmont	MD	21788	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction			
Receipt For:	Aggregate	Year-to-Date V	7			
Other (specify) v		300.00				
Full Name of Individual (Last, First, Middle In Grube, Steven, , ,	nitial) or Full C	Drganization Name	Date of Receipt			
Mailing Address 13895 Foxtower Road			08 / D D / Y Y Y Y 25 2016			
City	State	Zip Code	Transaction ID : SA11AI.9282			
Thurmont	MD	21788	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		50.00			
Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item			
First Colonies Anesthesia	Phy	vsician	Payroll deduction			
Receipt For:	Aggregate	Year-to-Date 🔻				
Other (specify)		350.00				
SUBTOTAL of Receipts This Page (optional)	<u> </u>		▶ 150.00			
TOTAL This Period (last page this line number	r only)					

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

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			Use separate schedule(s)	(check only one)			
111	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Grube, Steven, , ,	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 13895 Foxtower Road			09 25 2016			
	City	State MD	Zip Code 21788	Transaction ID : SA11AI.9378			
	Thurmont		21700	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		400.00				
	Other (specify) ▼		400.00				
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name				
	Hairston, Keith, , ,			Date of Receipt			
	Mailing Address 12312 Highstakes Drive	07 / D D / Y Y Y Y 25 / 2016					
	City	State MD	Zip Code	Transaction ID : SA11AI.9151			
	Reisterstown		21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		300.00				
	Full Name of Individual (Last, First, Middle Initi Hairston, Keith, , ,	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 12312 Highstakes Drive			08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9249			
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	First Colonies Anesthesia		sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		050.00				
	Other (specify)	L	350.00				
s	UBTOTAL of Receipts This Page (optional)			150.00			
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SCHEDULE A (FEC Form 3X) ľ

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			Use separate schedule(s)	(check only one)			
	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12			
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements ma	ay not be sold or used by any p	13 14 15 16 17 berson for the purpose of soliciting contributions			
			address of any political committee				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	OCIATES LLC POLITIC	CAL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Hairston, Keith, , ,	al) or Full O	Drganization Name	Date of Receipt			
	Mailing Address 12312 Highstakes Drive			09 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9345			
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Осси	cupation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		400.00	1			
	Other (specify) v		400.00	1			
B	Full Name of Individual (Last, First, Middle Initi Hairston-Jones, Shelly, , ,	al) or Full O	Drganization Name	Date of Receipt			
υ.	Mailing Address 12312 Highstakes Drive						
		07 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9177			
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		000.00	1			
	Other (specify) v		300.00	1			
с.	Full Name of Individual (Last, First, Middle Initi Hairston-Jones, Shelly, , ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 12312 Highstakes Drive		08 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9275			
	Reisterstown	MD	21136	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Осси	cupation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phys	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)		350.00]			
⊢	UBTOTAL of Receipts This Page (optional)			150.00			

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			Use separate schedule(s)	(check only one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Hairston-Jones, Shelly, , ,	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 12312 Highstakes Drive			09 / D D / Y Y Y Y 25 / 2016			
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.9371 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		400.00	1			
	Other (specify) ▼	L	400.00				
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name				
В.	Hanna, John, , ,			Date of Receipt			
	Mailing Address 9310 Leigh Mill Court	07 / D D / Y Y Y Y 25 / 2016					
	City	State VA	Zip Code 22066	Transaction ID : SA11AI.9137			
	Great Falls	VA	22000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		300.00]			
<u></u> с.	Full Name of Individual (Last, First, Middle Initi Hanna, John, , ,	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 9310 Leigh Mill Court			M M / D / Y			
	City	State	Zip Code	Transaction ID : SA11AI.9233			
	Great Falls	VA	22066	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phys	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Other (specify)		350.00]			
⊢	UBTOTAL of Receipts This Page (optional)			150.00			

SCHEDULE A (FEC Form 3X) Ľ

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			Use separate schedule(s)	(check only one)			
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			rson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Hanna, John, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 9310 Leigh Mill Court			09 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9330			
	Great Falls	VA	22066	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	7.99.094.0					
	Other (specify) v		400.00				
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name				
Β.	Hessinger, Glen, , ,			Date of Receipt			
	Mailing Address 8101 Ruxton Crossing Road	07 / 25 / Y Y Y 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9152			
	Towson	MD	21204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) ysician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		300.00				
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Hessinger, Glen, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 8101 Ruxton Crossing Road			08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9250			
	Towson	MD	21204	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	First Colonies Anesthesia		sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General	00 0					
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s	UBTOTAL of Receipts This Page (optional)		•	150.00			
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SCHEDULE A (FEC Form 3X) ľ

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			Use separate schedule(s)	(check only one)				
ITEMIZED R	EGEIPIS		for each category of the Detailed Summary Page	X 11a	11b	11c	12	
Any information co	pied from such Reports and St	atements ma	y not be sold or used by any pe	rson for the	14 purpose of	15 solicitina	contribu	17 tions
or for commercial	purposes, other than using the	name and a	ddress of any political committee	to solicit cor	ntributions f	rom such	committ	ee.
	IMITTEE (In Full) LONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTIO		имітт	EE	
Full Name of In A. Hessinger, G	dividual (Last, First, Middle Initi Ien, , ,	al) or Full Oi	rganization Name	Date of	Receipt			
Mailing Address	8101 Ruxton Crossing Road			M M 09	/ D D 25	/ Y	ү ү 2016	Y
City Towson		State MD	Zip Code 21204		action ID : of Each R			
FEC ID number federal political	0	С				-	50.	00
Name of Emplo First Colonies A	yer (for Individual) nesthesia		ipation (for Individual) sician	Payroll d	emo Item eduction			
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 400.00					
Full Name of In B. Hogarth, Je	dividual (Last, First, Middle Initi an-Max, , ,	al) or Full Oi	rganization Name	Date of	Receipt			
	1614 Randallwood Ct		M M 07	/ D D 25	/ Y	y y 2016	Y	
City Jarretsville		State MD	Zip Code 21084		action ID :			
FEC ID number federal political	0	C			of Each R	eceipt thi	50.0	
Name of Emplo First Colonies Ar	yer (for Individual) nesthesia		upation (for Individual) sician	Payroll d	emo Item eduction			
Receipt For: Primary Other (spo	General ecify) ▼	Aggregate	Year-to-Date ▼ 300.00					
Full Name of In C. Hogarth, Je	dividual (Last, First, Middle Initi ean-Max, , ,	al) or Full O	rganization Name	Date of	Receipt			
Mailing Address	1614 Randallwood Ct			M M 08	/ D D 25	/ Y	2016	Y
City Jarretsville		State MD	Zip Code 21084		action ID : of Each R			
FEC ID number federal political	5	С			, , ,		50.	00
First Colonies A	yer (for Individual) nesthesia	Occu Phys	ipation (for Individual) iician		emo Item leduction			
Receipt For: Primary Other (spe	General ecify)	Aggregate Year-to-Date ▼ 350.00						
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SCHEDULE A (FEC Form 3X) I

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			Use separate schedule(s)	(check only one)			
116	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	v information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
	Full Name of Individual (Last, First, Middle Initi Hogarth, Jean-Max, , ,	al) or Full O	Organization Name	Date of Receipt			
-	Mailing Address 1614 Randallwood Ct			09 25 / Y Y Y Y 2016			
-	City Jarretsville	State MD	Zip Code 21084	Transaction ID : SA11AI.9347 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
Ī	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	rsician	Payroll deduction			
Ī	Receipt For:	Aggregate	Year-to-Date V				
	Primary General		400.00				
	Other (specify) ▼		400.00				
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name				
-	Holt, Nashwa, , ,			Date of Receipt			
	Mailing Address 110 Thrift Street	07 / D D / Y Y Y Y 25 / 2016					
	City	State MD	Zip Code	Transaction ID : SA11AI.9134			
-	Gaithersburg		20878	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction			
Ī	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		, 300.00				
	Full Name of Individual (Last, First, Middle Initi Holt, Nashwa, , ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 110 Thrift Street			M M / D D / Y Y Y Y 08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9230			
-	Gaithersburg	MD	20878	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
- I	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phys	sician	Payroll deduction			
Ī	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify)		350.00				
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
\setminus	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Holt, Nashwa, , ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 110 Thrift Street			09 / D D / Y Y Y Y 25 / 2016			
	City Gaithersburg	State MD	Zip Code 20878	Transaction ID : SA11AI.9327 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General						
	Other (specify) ▼	L	400.00				
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name				
Β.	Hong, Sung-Soo, , ,			Date of Receipt			
	Mailing Address 100 Croydon Road	07 / D D / Y Y Y Y 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9154			
	Baltimore	MD	21212	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		300.00				
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name				
C.	Hong, Sung-Soo, , ,			Date of Receipt			
	Mailing Address 100 Croydon Road			08 / D D / Y Y Y Y 25 2016			
	City	State MD	Zip Code	Transaction ID : SA11AI.9252			
	Baltimore		21212	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phys	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date 🔻				
	Other (specify)		350.00				
s	UBTOTAL of Receipts This Page (optional)			150.00			
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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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ITEMIZED RECEIPTS		Use separate schedule(s)		(check only one)				
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Any information copied from such Reports and or for commercial purposes, other than using t	Statements ma he name and a	ay not be sold or used	by any per committee	son for the	purpose of ontributions	f soliciting	contribut	ions
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSO	CIATES LLC PO	OLITICA	L ACTI	ON COI	ммітт	EE	
Full Name of Individual (Last, First, Middle A. Hong, Sung-Soo, , ,	Initial) or Full C	Organization Name		Date c	of Receipt			
Mailing Address 100 Croydon Road				M N 09	/ D 25		y y 2016	Y
City Baltimore	State MD	Zip Code 21212			saction ID : nt of Each F			
FEC ID number of contributing federal political committee.	С						50.0	00
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician			lemo Item deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 40	0.00					
Full Name of Individual (Last, First, Middle B. Horn, Michael, , ,	Initial) or Full C	Organization Name		Date c	of Receipt			
Mailing Address 500 Stonington Road		07 25 2016				Y		
City Silver Spring	State MD	Zip Code 20902			saction ID : nt of Each F			
FEC ID number of contributing federal political committee.	С						50.0	00
Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				lemo Item deduction			
Receipt For: Primary General Other (specify) ▼	Aggregate	Aggregate Year-to-Date ▼ 300.00						
Full Name of Individual (Last, First, Middle C. Horn, Michael, , ,	Initial) or Full C	Organization Name		Date c	of Receipt			
Mailing Address 500 Stonington Road				M N 08	/ D		y y 2016	Y
City Silver Spring	State MD	Zip Code 20902			saction ID : nt of Each F			
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Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician			lemo Item deduction			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 35	60.00					
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SCHEDULE A (FEC Form 3X) ľ

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Ar	y information copied from such Reports and Sta	atements ma	A not be sold or used by any pe	13 14 15 16 17 erson for the purpose of soliciting contributions			
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Horn, Michael, , ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 500 Stonington Road			09 25 2016			
	City Silver Spring	State MD	Zip Code 20902	Transaction ID : SA11AI.9363 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Memo Item Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		400.00				
	Full Name of Individual (Last, First, Middle Initi Hough, Stuart, , ,	al) or Full O	Organization Name	Date of Receipt			
ь.	Mailing Address 9110 Travener Circle			07 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9109			
	Frederick	MD	21704	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) vsician	Memo Item Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		450,00				
с.	Full Name of Individual (Last, First, Middle Initi Hough, Stuart, , ,	al) or Full O	Organization Name	Date of Receipt			
	Mailing Address 9110 Travener Circle			M M / D D / Y Y Y Y 08 25 2016			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9206 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 525.00				
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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)			
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$\left[\right]$	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Initi Hough, Stuart, , ,	ial) or Full O	organization Name	Date of Receipt			
	Mailing Address 9110 Travener Circle			09 25 Y Y Y Y 2016			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9302 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		75.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General						
	Other (specify) ▼	L	600.00				
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name				
Β.	Hsiao, Leo, , ,			Date of Receipt			
	Mailing Address 115 Meridian Lane			07 / D D / Y Y Y Y 25 / 2016			
	City	State MD	Zip Code	Transaction ID : SA11AI.9163			
	Towson		21286	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) <i>r</i> sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		300.00				
<u> </u>	Full Name of Individual (Last, First, Middle Initi Hsiao, Leo, , ,	ial) or Full O	Prganization Name	Date of Receipt			
	Mailing Address 115 Meridian Lane			M = M / D = D / Y = Y = Y Y 08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9261			
	Towson	MD	21286	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phys	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General						
	Other (specify)	L	350.00				
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	ny information copied from such Reports and S for commercial purposes, other than using the											
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL /	ACTI	ON	CO	ММІТТ	ΓEE			
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Hsiao, Leo, , ,				Date of Receipt							
	Mailing Address 115 Meridian Lane				09 25 2016							
	City	State Zip Code			Transaction ID : SA11AI.9357							
	Towson	MD	21286	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С			50.00							
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	F	Memo Item Payroll deduction							
	Receipt For:	Aggregate Year-to-Date ▼										
	Other (specify)		400.00									
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Isaac, Sean, , ,				Date o	f Re	ceipt					
	Mailing Address 7 Starlight Farm Drive				07 25 2016							
	City	State	Zip Code		Transaction ID : SA11AI.9161							
	Phoenix	MD	21131	_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С							50.0	00		
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				Memo Item Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate										
C.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Isaac, Sean, , ,					f Re	ceipt					
	Mailing Address 7 Starlight Farm Drive				08 25 2016							
	City	State	Zip Code		Transaction ID : SA11AI.9259							
	Phoenix	MD	21131	_	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C					,		50.0	00		
	Name of Employer (for Individual)	Occupation (for Individual)				Memo Item						
	First Colonies Anesthesia	Phys	sician	F	Payroll deduction							
	Receipt For: Primary General	Aggregate Year-to-Date ▼										
	Other (specify)	350.00										
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SCHEDULE A (FEC Form 3X) Ľ

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init Isaac, Sean, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 7 Starlight Farm Drive			09 25 2016
	City Phoenix	State MD	Zip Code 21131	Transaction ID : SA11AI.9355 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	First Colonies Anesthesia	Phy	vsician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		400.00	
	Other (specify) ▼	L	400.00	
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name	
В.	Jeffers, Devon, , ,			Date of Receipt
	Mailing Address 1009 Crestfield Drive	Ototo	Zin Oode	07 25 2016
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.9145
			20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) ysician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		300.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Jeffers, Devon, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 1009 Crestfield Drive			08 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.9241
	Rockville	MD	20850	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	First Colonies Anesthesia	Phys	sician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		350.00	
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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
			person for the purpose of soliciting contributions be to solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
FIRST COLONIES ANEST	HESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE
Full Name of Individual (Last, First, Mid A. Jeffers, Devon, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 1009 Crestfield Drive			09 25 2016
City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.9338 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
First Colonies Anesthesia	Phy	sician	Payroll deduction
Receipt For:	Aggregate	Year-to-Date 🔻	
Primary General		400.00	1
Other (specify) ▼		400.00	1
Full Name of Individual (Last, First, Mid	dle Initial) or Full C	rganization Name	
B. Johnson, David, , ,			Date of Receipt
Mailing Address 5506 Bootjack Drive	Ototo	Zin Oode	07 25 2016
City	State MD	Zip Code 21702	Transaction ID : SA11AI.9187
Frederick		21702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼		300.00]
Full Name of Individual (Last, First, Mid C. Johnson, David, , ,	dle Initial) or Full C	rganization Name	Date of Receipt
Mailing Address 5506 Bootjack Drive			M M / D D / Y
City	State	Zip Code	Transaction ID : SA11AI.9283
Frederick	MD	21702	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		50.00
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction
Receipt For:		Year-to-Date ▼	
Primary General	Aggregate		-
Other (specify)	350.00		
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ITEMIZED RECEIPTS	-	Use separate schedule(s)	(check only one)						
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Any information copied from such Report or for commercial purposes, other than u	s and Statements ma sing the name and a	ay not be sold or used by any ddress of any political committe	person for the purpose of soliciti	ing contributions					
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Full Name of Individual (Last, First, M A. Johnson, David, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 5506 Bootjack Drive	01-14	7:0.0	09 / 25 /	2016 Y					
City Frederick	State MD	Zip Code 21702	Transaction ID : SA11/ Amount of Each Receipt						
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Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00]						
 Full Name of Individual (Last, First, M Kaufman, James, , , Mailing Address 7514 Arrowood Road 	iddle Initial) or Full O	rganization Name	Date of Receipt	Y - Y - Y - Y					
City	State	Zip Code	07 25 Transaction ID : SA114	2016 Al.9138					
Bethesda FEC ID number of contributing federal political committee.	C	20817	Amount of Each Receipt	this Period 50.00					
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]						
Full Name of Individual (Last, First, M C. Kaufman, James, , ,	iddle Initial) or Full O	rganization Name	Date of Receipt						
Mailing Address 7514 Arrowood Road	1		08 / D D / 25	2016 Y					
City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11 Amount of Each Receipt						
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Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
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Α.	Full Name of Individual (Last, First, Middle Ini Kaufman, James, , ,	tial) or Full O)rga	nization Name		Date of	Rece	eipt				
	Mailing Address 7514 Arrowood Road					м м 09	/	D D 25	/ Y	۲ 20	16	ſ
	City Bethesda	State MD		Zip Code 20817	_	Transa Amount			SA11AI. eceipt th		eriod	
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	Name of Employer (for Individual) First Colonies Anesthesia	Occi Phy	•	tion (for Individual) an		Me Payroll de	emo l educt					
	Receipt For:	Aggregate	Yea	ar-to-Date ▼ 400.00								
	Other (specify) v		7									
в.	Full Name of Individual (Last, First, Middle Ini Kenol, Cynthia, , ,	tial) or Full O)rga	nization Name		Date of	Rece	eipt				
	Mailing Address 6579 Prestwick Drive	State		Zip Code		м м 07	/	D D 25	/ Y	201	6	
	City Highland	MD		20777		Transa Amount			SA11AL. eceipt th		eriod	
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	Mailing Address 6579 Prestwick Drive					м м 08	/	D D D 25	/ Y	201	16 16	ſ
	City Highland	State MD		Zip Code 20777	_	Trans Amount			SA11AI. eceipt th			_
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SCHEDULE A (FEC Form 3X) ľ

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Any information copied	from such Reports and State	ements may	not be sold or used by any pe	erson for the	purpose of	15 soliciting	16 contribu	17 tions		
or for commercial purpo	ses, other than using the na	ame and ad	dress of any political committee	to solicit co	ntributions	from such	1 committ	iee.		
FIRST COLOI		ASSOC	CIATES LLC POLITIC	AL ACTI		имітт	ΈE			
Full Name of Individu A. Kenol, Cynthia, ,	ual (Last, First, Middle Initial) or Full Org	anization Name	Date o	f Receipt					
Mailing Address 657	9 Prestwick Drive			M M 09	/ D 1		ү ү 2016	Y		
City Highland		State MD	Zip Code 20777		saction ID : t of Each F					
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Name of Employer (First Colonies Anesth	,	Occup Physi	ation (for Individual) cian		emo Item deduction					
Receipt For: Primary Other (specify)	General	Aggregate Y	ear-to-Date ▼ 400.00							
Full Name of Individu B. Kim, HaengShik	ual (Last, First, Middle Initial) or Full Org	anization Name	Date o	f Receipt					
Mailing Address 114	29 Twining Lane			07	07 25 2016					
City		State MD	Zip Code		action ID :					
Potomac	antributing	MD 20854				Receipt th	is Period			
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Name of Employer (First Colonies Anesth		Occup Physi	pation (for Individual) cian		emo Item leduction					
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Full Name of Individu	ual (Last, First, Middle Initial)) or Full Org	anization Name	Date o	f Receipt					
Mailing Address 114	29 Twining Lane			08	/ D 1		y y 2016	Y		
City Potomac		State MD	Zip Code 20854		saction ID : t of Each F					
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Name of Employer (1 First Colonies Anesth	,	Occup Physic	ation (for Individual) cian		lemo Item deduction					
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Any information copied from such Reports and or for commercial purposes, other than using	d Statements mather name and a	ay not be sold or used by any address of any political committe	person for the purpose of soliciting contributions ee to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIO	CAL ACTION COMMITTEE						
Full Name of Individual (Last, First, Middle A. Kim, HaengShik, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 11429 Twining Lane			09 25 2016						
City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.9319 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
B. Kim, James, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 7115 Kings Point Way	Chatta	Zin Onde	07 25 2016						
City Columbia	State MD	Zip Code 21046	Transaction ID : SA11AI.9133 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction						
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ , 300.00]						
Full Name of Individual (Last, First, Middle C. Kim, James, , ,	Initial) or Full C	Organization Name	Date of Receipt						
Mailing Address 7115 Kings Point Way			08 25 2016						
City Columbia	State MD	Zip Code 21046	Transaction ID : SA11AI.9229 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		50.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 350.00							
SUBTOTAL of Receipts This Page (optional)			▶ 150.00						

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) Ľ

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 11					
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	NAME OF COMMITTEE (In Full)								
\rangle	FIRST COLONIES ANESTHESI	IA ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initi Kim, James, , ,	ial) or Full O	Organization Name	Date of Receipt					
	Mailing Address 7115 Kings Point Way			09 25 2016					
	City Columbia	State MD	Zip Code 21046	Transaction ID : SA11AI.9326					
			21048	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
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	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	00 0		1					
	Other (specify)	L	400.00						
	Full Name of Individual (Last, First, Middle Initiation	ial) or Full O	Organization Name						
Β.	Ko, Richard, , ,			Date of Receipt					
	Mailing Address 6795 Stockwell Manor Dr.			07 25 2016					
	City	State VA	Zip Code	Transaction ID : SA11AI.9111					
	Falls Church	VA	22043	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) ysician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	, iggi oguto		1					
	Other (specify) ▼	L	300.00						
с.	Full Name of Individual (Last, First, Middle Initi Ko, Richard, , ,	ial) or Full O	Organization Name	Date of Receipt					
	Mailing Address 6795 Stockwell Manor Dr.			08 / D D / Y Y Y Y 08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9208					
	Falls Church	VA	22043	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	of Employer (for Individual) Occupation (for Individual)							
	First Colonies Anesthesia		sician	Payroll deduction					
	Receipt For:	1 -	Year-to-Date V						
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	Other (specify)								
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FEC ID number of contributing federal political committee. C Memo Item Name of Employer (for Individual) Occupation (for Individual) Memo Item	11AI.9290
federal political committee. C Name of Employer (for Individual) Occupation (for Individual)	eipt this Period
	50.00
First Colonies Anesthesia Physician Payroll deduction	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) 350.00	
SUBTOTAL of Receipts This Page (optional)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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$\left[\right]$	NAME OF COMMITTEE (In Full)												
	FIRST COLONIES ANESTHESI	A ASSC		ATES LLC POLITIC	AL .	AC	TIC	NC	I CO	MMIT	TE	E	
Α.	Full Name of Individual (Last, First, Middle Initi Lee, Won, , ,	al) or Full C	Drga	nization Name		Dat	e of	f Re	eceipt				
	Mailing Address 6812 Koandah Gardens					M	M	/	D		Y)	Y Y	Y
	City	State		Zip Code	_		09 Jane	acti	25 ion ID) : SA11/		2016 86	_
	Highland	MD		20777					-	Receipt			
	FEC ID number of contributing	0									-		0
	federal political committee.	С	-			Ŀ	-	-	-			50.0	0
	Name of Employer (for Individual)		•	tion (for Individual)			M	emc	ltem				
	First Colonies Anesthesia	Phy	ysici	an		Payr	oll d	ledu	iction				
	Receipt For: Primary General	Aggregate	e Yea	ar-to-Date 🔻									
	Other (specify) V			400.00									
			-7										
D	Full Name of Individual (Last, First, Middle Initi Lennox, William, , ,	al) or Full C	Orga	nization Name		Det		F Do	eceipt				
D.	Mailing Address 3706A Meadowhill Court				_	Dai	e oi				V	ÝÝ	V
									25		2	016	T
	City	State		Zip Code	Transaction ID : SA11AI.9262								
	Phoenix	MD		21131		Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	С				100.00							
					_	Memo Item							
	Name of Employer (for Individual) First Colonies Anesthesia		cupa ysici	tion (for Individual) an	1	Payr			ction				
	Receipt For:	Aggregate	Yea	ar-to-Date 🔻									
	Primary General												
	Other (specify) ▼		,	300.00									
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Lennox, William, , ,	al) or Full C	Drga	nization Name		Dat	e of	f Re	eceipt				
	Mailing Address 3706A Meadowhill Court						м 09	/	25			2016	Y
	City	State		Zip Code		T	rans	act	ion ID	: SA11/	\ I.93	58	
	Phoenix	MD		21131		Am	ount	t of	Each	Receipt	this	Period	
	FEC ID number of contributing federal political committee.	С							y	. ,		100.0	00
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	First Colonies Anesthesia	Physician						ledu	uction				
	Receipt For:	Aggregate	ar-to-Date 🔻										
	Primary General	33 - 3											
	Other (specify)	L	7	400.00									
s	UBTOTAL of Receipts This Page (optional)								y			250.0	0

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SCHEDULE A (FEC Form 3X) Ľ

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions
	NAME OF COMMITTEE (In Full)			
$\left \right\rangle$	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Init Lockhart, Zakiya, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 8750 Polished Pebble Way			07 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.9135
	Laurel	MD	20723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	First Colonies Anesthesia		vsician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General			
	Other (specify) v		450.00	
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name	
Β.	Lockhart, Zakiya, , ,			Date of Receipt
	Mailing Address 8750 Polished Pebble Way	Ototo	Zin Oode	08 / 25 / 2016
	City	State MD	Zip Code 20723	Transaction ID : SA11AI.9231
			20723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		75.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		525.00	
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Lockhart, Zakiya, , ,	ial) or Full O	Organization Name	Date of Receipt
	Mailing Address 8750 Polished Pebble Way			M M / D D / Y Y Y Y 09 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.9328
	Laurel	MD	20723	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		75.00
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item
	First Colonies Anesthesia		sician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General	00 0		
	Other (specify)	600.00		
s	UBTOTAL of Receipts This Page (optional)			225.00
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	ny information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
$\left \right\rangle$	FIRST COLONIES ANESTHES	IA ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE					
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Drganization Name	Data of Dessist					
A. Malone, Thomas, , ,				Date of Receipt					
	Mailing Address 11667 Fairmont Pl			07 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9188					
	Ijamsville	MD	21754	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	· .								
	Name of Employer (for Individual)		cupation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phy	/sician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Other (specify) V		450.00	1					
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R	Full Name of Individual (Last, First, Middle Init Malone, Thomas, , ,	ial) or Full O	Drganization Name	Date of Receipt					
Ъ.	Mailing Address 11667 Fairmont Pl								
	Maining Address 11667 Fairmont PI	08 25 2016							
	City	State	Zip Code	Transaction ID : SA11AI.9284					
	Ijamsville	MD	21754	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼]						
— C.	Full Name of Individual (Last, First, Middle Init Malone, Thomas, , ,	ial) or Full O	Drganization Name	Date of Receipt					
	Mailing Address 11667 Fairmont Pl			09 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9380					
	ljamsville	MD	21754	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		75.00					
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phys	rsician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		C00.00	1					
	Other (specify)		600.00	1					
	UBTOTAL of Receipts This Page (optional)			225.00					
ΙĨ	OTAL This Period (last page this line number of	oniy)	•••••••••••••••••••••••••••••••••••••••						

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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IT.	EMIZED RECEIPTS		Use separate schedule(s)	(check only one)
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 1'
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions
\setminus				
	FIRST COLONIES ANESTHES	IA A330	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Inite Martin, Stephen, , ,	tial) or Full C	organization Name	Date of Receipt
	Mailing Address 3336 O Street, NW			07 25 2016
	City Washington	State DC	Zip Code 20007	Transaction ID : SA11AI.9112 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	First Colonies Anesthesia	Phy	vsician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Primary General		300.00	1
	Other (specify) v		300.00	1
	Full Name of Individual (Last, First, Middle Ini Martin, Stephen, , ,	tial) or Full C	Organization Name	Date of Receipt
D.	Mailing Address 3336 O Street, NW			
				08 / D D / Y Y Y Y 2016
	City	State DC	Zip Code	Transaction ID : SA11AI.9209
	Washington		20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Memo Item Payroll deduction
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General Other (specify) ▼		, 350.00]
<u></u> с.	Full Name of Individual (Last, First, Middle Ini Martin, Stephen, , ,	tial) or Full C	Organization Name	Date of Receipt
	Mailing Address 3336 O Street, NW			09 25 2016
	City	State	Zip Code	Transaction ID : SA11AI.9305
	Washington	DC	20007	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item
	First Colonies Anesthesia	Phy	sician	Payroll deduction
	Receipt For:	Aggregate	Year-to-Date 🔻	
	Other (specify)		400.00	1
				·
s	UBTOTAL of Receipts This Page (optional)			150.00
т	OTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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99

IT.			Use separate sche	(check only one)					
11	EMIZED RECEIPTS		for each category of Detailed Summary		X 11a	11b 14	11c	12 16	17
	y information copied from such Reports and Sta for commercial purposes, other than using the						soliciting		utions
\setminus	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC P	OLITICA		ON COI	MMITI	EE	
<u> </u>	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name						
Α.	Moayed, Omid, , ,				Date of	Receipt			
	Mailing Address 8913 Cherbourg Drive				м м 07	/ D 25	D / Y	ү ү 2016	Y
	City Potomac	State MD	Zip Code 20854			action ID :			
			20034	_	Amount	of Each F	leceipt th	lis Period	3
	FEC ID number of contributing federal political committee.	С				-		50	.00
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	mo Item			
	First Colonies Anesthesia	Phy	sician		Payroll de	eduction			
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		3	00.00					
			-ge	AND					
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name						
Β.	Moayed, Omid, , ,				Date of	Receipt			
	Mailing Address 8913 Cherbourg Drive			08 / D D / Y Y Y Y 25 2016					
	City	State MD	Zip Code			ction ID :			
	Potomac	20854	_	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Memo Item Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V		-				
	Primary General								
	Other (specify) ▼		, , , , , , , , , ,	\$50.00					
C.	Full Name of Individual (Last, First, Middle Initi Moayed, Omid, , ,	al) or Full O	rganization Name		Date of	Receipt			
	Mailing Address 8913 Cherbourg Drive				м м 09	/ D 25		2016	Y
	City	State	Zip Code		Trans	action ID :	SA11AI.	9315	
	Potomac	MD	20854		Amount	of Each F	Receipt th	is Period	ł
	FEC ID number of contributing federal political committee.	С				y	, , , , , , , , , , , , , , , , , , ,	50	.00
	Name of Employer (for Individual)	Occi	upation (for Individual)		Me	mo Item			
			sician		Payroll de	eduction			
	Receipt For:	Aggregate	Year-to-Date 🔻						
	Primary General		4	00.00					
	Other (specify)		<u></u>						
s	UBTOTAL of Receipts This Page (optional)							150.	.00
Т	OTAL This Period (last page this line number o	nly)		····· •			7		

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
Ar	y information copied from such Reports and Sta	atements ma	l ay not be sold or used by any pe	13 14 15 16 17 irson for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and a	ddress of any political committee	to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Initi Morman, Allyson, , ,	al) or Full O	organization Name	Date of Receipt						
	Mailing Address 6509 Autumn Wind Circle			07 08 / Y Y Y Y 2016						
	City Clarksville	State MD	Zip Code 21029	Transaction ID : SA11AI.9087 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	First Colonies Anesthesia Receipt For:	,	sician	Payroll deduction						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00							
	Full Name of Individual (Last, First, Middle Initi	al) or Full O	rganization Name							
Β.	Morman, Allyson, , ,			Date of Receipt						
	Mailing Address 6509 Autumn Wind Circle			07 / ^D D J / <u>Y Y Y Y</u> 22 2016						
	City Clarksville	State MD	Zip Code 21029	Transaction ID : SA11AI.9088						
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 650.00							
<u> </u>	Full Name of Individual (Last, First, Middle Initi Morman, Allyson, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 6509 Autumn Wind Circle			08 05 2016						
	City Clarksville	State MD	Zip Code 21029	Transaction ID : SA11AI.9089 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С								
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 700.00							
⊢	UBTOTAL of Receipts This Page (optional)			150.00						

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)					
			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17					
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	rson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Init Morman, Allyson, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6509 Autumn Wind Circle			08 / D D / Y Y Y Y Y 08 19 2016					
	City Clarksville	State MD	Zip Code 21029	Transaction ID : SA11AI.9090 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 750.00						
В.	Full Name of Individual (Last, First, Middle Init Morman, Allyson, , , Mailing Address 6509 Autumn Wind Circle	ial) or Full O	rganization Name	Date of Receipt					
	City Clarksville	State MD	Zip Code 21029	Transaction ID : SA11AI.9091 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С							
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 800.00						
с.	Full Name of Individual (Last, First, Middle Init Morman, Allyson, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6509 Autumn Wind Circle	State	Zip Code	09 / 16 / 2016 Transaction ID : SA11AI.9092					
	Clarksville	MD	21029	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia Receipt For:		upation (for Individual) sician	Payroll deduction					
	Primary General Other (specify)	Aggregate	Year-to-Date ▼ 850.00						
s	UBTOTAL of Receipts This Page (optional)			150.00					
T	OTAL This Period (last page this line number of	only)							

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and S for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.						
\setminus	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Init Mossman, Danielle, , ,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 3709 Falling Green Way			07 25 Y 2016						
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.9184 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General	00 0		1						
	Other (specify) v	L	300.00							
В.	Full Name of Individual (Last, First, Middle Init Mossman, Danielle, , ,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 3709 Falling Green Way			08 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9280						
	Mt. Airy	MD	21771	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		350.00]						
С.	Full Name of Individual (Last, First, Middle Init Mossman, Danielle, , ,	tial) or Full O	rganization Name	Date of Receipt						
	Mailing Address 3709 Falling Green Way			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9376						
	Mt. Airy	MD	21771	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phys	sician	Payroll deduction						
Poppint For:			Year-to-Date ▼ 400.00]						
s	UBTOTAL of Receipts This Page (optional)			150.00						
Т	OTAL This Period (last page this line number of	only)								

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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99

			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHES	IA ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Init Munro, Thomas, , ,	ial) or Full O	Organization Name	Date of Receipt						
	Mailing Address 15310 Forest Lake Court			07 25 2016						
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.9196 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	vsician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		450.00							
	Other (specify) v		450.00							
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	Organization Name							
В.	Munro, Thomas, , ,			Date of Receipt						
	Mailing Address 15310 Forest Lake Court	08 / 25 / 2016								
	City Darnestown	State MD	Zip Code 20874	Transaction ID : SA11AI.9292						
			20074	_ Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		75.00						
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		, 525.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Munro, Thomas, , ,	ial) or Full O	Organization Name	Date of Receipt						
	Mailing Address 15310 Forest Lake Court			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9388						
	Darnestown	MD	20874	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		75.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phys	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Other (specify)		600.00							
⊢	UBTOTAL of Receipts This Page (optional)		r	225.00						
т	OTAL This Period (last page this line number of	only)	••••••	•						

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)						
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports an	d Statements ma	A not be sold or used by any p ddress of any political committe	13 14 15 16 17 berson for the purpose of soliciting contributions e to solicit contributions from such committee.						
NAME OF COMMITTEE (In Full)									
	ESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE						
Full Name of Individual (Last, First, Middle A. Nalls, Anna, , ,	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Nalls, Anna, , ,								
Mailing Address 603 Queen Street, # 4			07 25 2016						
City Alexandria	State VA	Zip Code 22314	Transaction ID : SA11AI.9113 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
Receipt For:		Year-to-Date ▼							
Other (specify)		600.00	1						
Full Name of Individual (Last, First, Middle B. Nalls, Anna, , ,	Date of Receipt								
Mailing Address 603 Queen Street, # 4			M M / D / Y						
City	State	Zip Code	Transaction ID : SA11AI.9210						
Alexandria	VA	22314	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	С		100.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction						
Receipt For:	Aggregate	Year-to-Date 🔻							
Other (specify)		700.00]						
Full Name of Individual (Last, First, Middle C. Nalls, Anna, , ,	Initial) or Full C	rganization Name	Date of Receipt						
Mailing Address 603 Queen Street, # 4			M M / D D / Y Y Y Y 09 25 2016						
City Alexandria	State VA	Zip Code 22314	Transaction ID : SA11AI.9306 Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee.	C		100.00						
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
Receipt For:	Aggregate	Year-to-Date V							
Other (specify)		800.00]						
SUBTOTAL of Receipts This Page (optional))		300.00						

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

FEC Schedule A (Form 3X) Rev. 06/2016

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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
$\left \right\rangle$	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
	Full Name of Individual (Last, First, Middle Init O'Fallon, Denis, , ,	ial) or Full C	organization Name	Data of Descipt						
Α.	Mailing Address 12123 Merricks Court			Date of Receipt						
				07 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9189						
	Monrovia	MD	21770	Amount of Each Receipt this Period						
	FEC ID number of contributing	С		50.00						
	federal political committee.	•								
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General Other (specify) ▼		300.00							
			Apr. Apr. An.							
	Full Name of Individual (Last, First, Middle Init	ial) or Full C	organization Name							
Β.	O'Fallon, Denis, , ,			Date of Receipt						
	Mailing Address 12123 Merricks Court	08 / D D / Y Y Y Y 25 2016								
	City	State	Zip Code	Transaction ID : SA11AI.9285						
	Monrovia	MD	21770	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) <i>r</i> sician	Memo Item Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		350.00							
_	Full Name of Individual (Last, First, Middle Init	ial) or Full C	organization Name							
U.	O'Fallon, Denis, , , Mailing Address 12123 Merricks Court			Date of Receipt						
	Maining Address 12123 Methicks Court			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9381						
	Monrovia	MD	21770	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phys	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		400.00							
	Other (specify)		400.00							
s	UBTOTAL of Receipts This Page (optional)		•	150.00						
Т	OTAL This Period (last page this line number of	only)	••••••							

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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	-	Use separate schedule(s)	(check only one)							
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17							
			person for the purpose of soliciting contributions to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)										
FIRST COLONIES ANE	STHESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE							
Full Name of Individual (Last, First, Owens, Philip, , ,	· ,	rganization Name	Date of Receipt							
Mailing Address 141 Adams St NW			07 25 / Y Y Y Y 2016							
City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.9114 Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item							
First Colonies Anesthesia	Phy	sician	Payroll deduction							
Receipt For:	Aggregate	Year-to-Date 🔻								
Primary General		300.00	1							
Other (specify) ▼		300.00	1							
Full Name of Individual (Last, First	, Middle Initial) or Full O	rganization Name								
B. Owens, Philip, , ,			Date of Receipt							
Mailing Address 141 Adams St NW		Zin Oode	08 / D D / Y Y Y Y 25 2016							
City	State	Zip Code 20001	Transaction ID : SA11AI.9211							
Washington	DC	20001	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction							
Receipt For:	Aggregate	Year-to-Date V								
Other (specify) ▼		350.00]							
Full Name of Individual (Last, First C. Owens, Philip , , ,		rganization Name	Date of Receipt							
Mailing Address 141 Adams St NW			09 25 2016							
City	State	Zip Code	Transaction ID : SA11AI.9307							
Washington	DC	20001	Amount of Each Receipt this Period							
FEC ID number of contributing federal political committee.	C		50.00							
Name of Employer (for Individual)		upation (for Individual)	Payroll deduction							
First Colonies Anesthesia Receipt For:		sician								
Primary General	Aggregate	Year-to-Date ▼								
Other (specify)		400.00								
SUBTOTAL of Receipts This Page (pptional)		150.00							
TOTAL This Period (last page this lir	ne number only)									

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

FOR LINE NUMBER:

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99

ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)						
11			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17						
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	atements ma name and a	ay not be sold or used by any pe ddress of any political committee	erson for the purpose of soliciting contributions						
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO		AL ACTION COMMITTEE						
\square										
Α.	Full Name of Individual (Last, First, Middle Initi Ozkum, Kent, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 10720 Dern Road			07 25 2016						
	City Emmitsburg	State MD	Zip Code 21727	Transaction ID : SA11AI.9197 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	00 0								
	Other (specify) ▼	L	300.00							
в.	Full Name of Individual (Last, First, Middle Initi Ozkum, Kent, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 10720 Dern Road			08 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9293						
	Emmitsburg	MD	21727	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Primary General	33 - 3								
	Other (specify)		350.00							
с.	Full Name of Individual (Last, First, Middle Initi Ozkum, Kent, , ,	al) or Full O	rganization Name	Date of Receipt						
	Mailing Address 10720 Dern Road			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9389						
	Emmitsburg	MD	21727	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phys	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date ▼							
	Other (specify)		400.00							
⊢	UBTOTAL of Receipts This Page (optional)			150.00						
Т	OTAL This Period (last page this line number of	only)	····· •							

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions						
	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Init Park, Paul, , ,	ial) or Full O	Prganization Name	Date of Receipt						
	Mailing Address 510 Golden Oak Terrace			07 / D D / Y Y Y Y 25 2016						
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.9115 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General		000.00							
	Other (specify) ▼		300.00							
_	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name							
В.	Park, Paul, , ,			Date of Receipt						
	Mailing Address 510 Golden Oak Terrace	08 / 25 / 2016								
	City	State MD	Zip Code	Transaction ID : SA11AI.9212						
	Rockville		20850	_ Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Primary General Other (specify) ▼		350.00							
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Park, Paul, , ,	ial) or Full O	organization Name	Date of Receipt						
	Mailing Address 510 Golden Oak Terrace			09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9308						
	Rockville	MD	20850	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item						
			sician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date V							
	Other (specify)		400.00							
⊢	UBTOTAL of Receipts This Page (optional)			150.00						

SCHEDULE A (FEC Form 3X) ľ

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			Use separate schedule(s)	(check only one)						
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 11b 11c 12						
Ar	y information copied from such Reports and St	atements ma	ay not be sold or used by any pe	13 14 15 16 17 rson for the purpose of soliciting contributions						
or	for commercial purposes, other than using the	name and a	address of any political committee	to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	OCIATES LLC POLITIC	AL ACTION COMMITTEE						
Α.	Full Name of Individual (Last, First, Middle Initi Pauliukonis, Kestutis, , ,	ull Name of Individual (Last, First, Middle Initial) or Full Organization Name Pauliukonis, Kestutis, , ,								
	Mailing Address 1813 Solitaire Lane	07 25 2016								
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.9116 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual)		upation (for Individual)	Memo Item						
	First Colonies Anesthesia	Phy	vsician	Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00							
			<i>j</i>							
в.	Full Name of Individual (Last, First, Middle Initi Pauliukonis, Kestutis, , ,	al) or Full O	Drganization Name	Date of Receipt						
	Mailing Address 1813 Solitaire Lane	08 25 2016								
	City	State	Zip Code	Transaction ID : SA11AI.9213						
	McLean	VA	22101	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction						
	Receipt For:	Aggregate	Year-to-Date 🔻							
	Primary General Other (specify) ▼									
С.	Full Name of Individual (Last, First, Middle Initi Pauliukonis, Kestutis, , ,	al) or Full O	Organization Name	Date of Receipt						
	Mailing Address 1813 Solitaire Lane			09 25 2016						
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.9309						
		VA	22101	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		50.00						
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00							
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number c			150.00						

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) ľ

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ITEMIZED RECEIPTS				Use separate schedule(s)	(0	(check only one)								
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Ar or	ny information copied from such Reports and S for commercial purposes, other than using the	tatements ma name and a	ay r addr	not be sold or used by any pe ess of any political committee	ersoi to	13 1 for the solicit con	ourpose tributio	e of sol	iciting c	ontribut	ions			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CI	ATES LLC POLITIC	AL	ACTIC	DN C	OMM	1ITTE	E				
Α.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peck, Michael, , ,					Date of Receipt								
	Mailing Address 4 Farm Haven Court						07 25 2016							
	City Rockville	State MD		Zip Code 20852	_	Trans Amount			11AI.91 Pipt this					
	FEC ID number of contributing federal political committee.	С					-9-		-	75.0	00			
	Name of Employer (for Individual) First Colonies Anesthesia	Occi Phy	•	tion (for Individual) an		Me Payroll de	mo Iter eduction							
	Receipt For: Primary General	Aggregate	Yea	ar-to-Date ▼										
	Other (specify)		-	450.00										
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Peck, Michael, , ,					Date of	Receip	ot						
	Mailing Address 4 Farm Haven Court			08 25 2016										
	City Rockville	State MD		Zip Code 20852	-	Transa Amount			11AI.92					
	FEC ID number of contributing federal political committee.	С						75.0	00					
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				Payroll deduction								
	Receipt For: Primary General Other (specify) ▼	Aggregate												
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Peck, Michael, , ,	tial) or Full O	rga	nization Name		Date of	Receip	ot						
	Mailing Address 4 Farm Haven Court					м м 09	/ D	25		2016	Y			
	City Rockville	State MD		Zip Code 20852	_	Trans Amount			11AI.93					
	FEC ID number of contributing federal political committee.	C					J		, internet	75.0	00			
				tion (for Individual)		Me Payroll d	emo Ite							
	Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 600.00												
s	SUBTOTAL of Receipts This Page (optional)			,	- -		9		, ,	225.0	0			

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SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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ITEMIZED RECEIPTS			Use separate schedule(s)			(check only one)						
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Ar or	ny information copied from such Reports and S for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and a	ay i addr	not be sold or used by any peress of any political committee	ersor e to :	n for the	pur ntrib	pose o	f solicitin	ng con	tributio	ons
	FIRST COLONIES ANESTHES	SIA ASSO	C	ATES LLC POLITIC	AL	ACTI	ЛС	1 CO	MMIT	TEE		
Α.		itial) or Full C)rga	nization Name		Date of Receipt						
	Mailing Address 8302 Fox Haven Drive						07 / 25 / Y Y Y Y 2016					
	City McLean	State VA		Zip Code 22102	_	Transaction ID : SA11AI.9117 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С						-y 1			50.00	0
	Name of Employer (for Individual) First Colonies Anesthesia	Occ Phy	•	tion (for Individual) an		M Payroll c		o Item uction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Ye	ar-to-Date ▼ 300.00								
В.	Full Name of Individual (Last, First, Middle In Peruvemba, Ramani, , ,	itial) or Full C)rga	nization Name		Date of	f Re	eceipt				
	Mailing Address 8302 Fox Haven Drive		Zin Oode		08 / 25 / 2016							
	City McLean	State VA		Zip Code 22102	_	Transaction ID : SA11AI.9214 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C						-yn - 1			50.00)
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				M Payroll d		o Item Iction				
	Receipt For: Primary General Other (specify) ▼	Aggregate										
с.	Full Name of Individual (Last, First, Middle In Peruvemba, Ramani, , ,	itial) or Full C)rga	nization Name		Date of	f Re	eceipt				
	Mailing Address 8302 Fox Haven Drive				09	/	D 25		y y 201			
	City McLean	State VA		Zip Code 22102	_				: SA11A Receipt t			
	FEC ID number of contributing federal political committee.									50.00)	
	Name of Employer (for Individual) First Colonies Anesthesia	Occ Phys	•	tion (for Individual) an		M Payroll c		o Item uction				
	Receipt For: Primary General Other (specify)	Aggregate	Ye	ar-to-Date ▼ 400.00								
s	SUBTOTAL of Receipts This Page (optional)			•	<u> </u>			,			150.00	

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

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SCHEDULE A (FEC Form 3X) ľ

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		Use separate schedule(s)	(check only one)					
II LIVIIZED REGEITIO		for each category of the Detailed Summary Page	X 11a 11b 11c 11c 13 14 15	12 16 17				
Any information copied from such Reports an or for commercial purposes, other than using	nd Statements may the name and a	ay not be sold or used by any p ddress of any political committee	erson for the purpose of soliciting c	ontributions				
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTH	ESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTE	E				
Full Name of Individual (Last, First, Middle A. Pirovic, Eugen, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3912 Calverton Drive				y y y 2016				
City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.91 Amount of Each Receipt this					
FEC ID number of contributing federal political committee.	С			50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00	1					
Full Name of Individual (Last, First, Middle B. Pirovic, Eugen, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3912 Calverton Drive			2016					
City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.92 Amount of Each Receipt this	-				
FEC ID number of contributing federal political committee.	С		50.00					
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction					
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]					
Full Name of Individual (Last, First, Middle C. Pirovic, Eugen, , ,	e Initial) or Full C	rganization Name	Date of Receipt					
Mailing Address 3912 Calverton Drive				2016				
City Hyattsville	State MD	Zip Code 20782	Transaction ID : SA11AI.93 Amount of Each Receipt this					
FEC ID number of contributing federal political committee.	С			50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]					
SUBTOTAL of Receipts This Page (optiona)			150.00				

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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) Image: 11 a model 11 a model </th
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	the name and a	ddress of any political committee	
Full Name of Individual (Last, First, Middle A. Poursharif, Naeem, , , Mailing Address 9506 Edgeley Rd City	State	Zip Code	Date of Receipt 07 25 2016 Transaction ID : SA11AI.9132
Bethesda FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For: □ Primary □ General Other (specify) ▼	Phy	20814 upation (for Individual) sician Year-to-Date ▼ 300.00	Amount of Each Receipt this Period 50.00 Memo Item Payroll deduction
Full Name of Individual (Last, First, Middle B. Poursharif, Naeem, , , Mailing Address 9506 Edgeley Rd City Bethesda FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occ Phy	Zip Code 20814 upation (for Individual) rsician Year-to-Date ▼ 350.00	Date of Receipt
Full Name of Individual (Last, First, Middle C. Poursharif, Naeem, , , Mailing Address 9506 Edgeley Rd City Bethesda FEC ID number of contributing federal political committee. Name of Employer (for Individual) First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occ Phys	Zip Code 20814 upation (for Individual) sician Year-to-Date ▼ 400.00	Date of Receipt
SUBTOTAL of Receipts This Page (optional)			150.00

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

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Use separate schedule(s)

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			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 11					
An	y information copied from such Reports and St	atements ma	Ay not be sold or used by any p	13 14 15 16 17 berson for the purpose of soliciting contributions					
<u> </u>	for commercial purposes, other than using the	name and a	doress of any political committe	e to solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Initi Richman, Jeffrey, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6906 Granite Ridge Ct.			07 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9160					
	Baltimore	MD	21209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phy	sician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General Other (specify) ▼		300.00]					
В.	Full Name of Individual (Last, First, Middle Initi Richman, Jeffrey, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6906 Granite Ridge Ct.			08 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9258					
	Baltimore	MD	21209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Memo Item Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General								
	Other (specify) V	L	, 350.00						
	Full Name of Individual (Last, First, Middle Initi Richman, Jeffrey, , ,	al) or Full O	rganization Name	Date of Receipt					
	Mailing Address 6906 Granite Ridge Ct.			09 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9354					
	Baltimore	MD	21209	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		50.00					
	Name of Employer (for Individual)		upation (for Individual)	Memo Item					
	First Colonies Anesthesia		sician	Payroll deduction					
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IТ.			Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
$\left \right\rangle$	FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name of Individual (Last, First, Middle Initi Rizzuto, Charles, , ,	ial) or Full O	organization Name	Date of Receipt				
	Mailing Address 6409 Pinehurst Rd			07 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9157				
	Baltimore	MD	21212	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Осси	upation (for Individual)	Memo Item				
	First Colonies Anesthesia	Phy	sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	55 - 5						
	Other (specify) v	L	300.00					
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name					
Β.	Rizzuto, Charles, , ,			Date of Receipt				
	Mailing Address 6409 Pinehurst Rd	08 / 25 / 2016						
	City	State MD	Zip Code	Transaction ID : SA11AI.9255				
	Baltimore		21212	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) vsician	Memo Item Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼		350.00					
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Rizzuto, Charles, , ,	ial) or Full O	Organization Name	Date of Receipt				
	Mailing Address 6409 Pinehurst Rd	09 25 2016						
	City	State	Zip Code	Transaction ID : SA11AI.9351				
	Baltimore	MD	21212	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.		50.00					
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
	First Colonies Anesthesia		sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General		100.00					
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SCHEDULE A (FEC Form 3X) Ľ

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17			Use separate schedule(s)	(check only one)					
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions					
	NAME OF COMMITTEE (In Full)								
\rangle	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name of Individual (Last, First, Middle Init Rothschild, James, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 205 Woodlawn Road			07 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9165					
	Baltimore	MD	21210	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	First Colonies Anesthesia	Phy	sician	Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date V						
	Primary General	33 - 3							
	Other (specify) v	L	600.00						
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name						
Β.	Rothschild, James, , ,			Date of Receipt					
	Mailing Address 205 Woodlawn Road	08 / D D / Y Y Y Y 2016							
	City	State MD	Zip Code	Transaction ID : SA11AI.9263					
	Baltimore		21210	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	C		100.00					
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction					
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼	Primary General							
<u> </u>	Full Name of Individual (Last, First, Middle Init Rothschild, James, , ,	ial) or Full O	rganization Name	Date of Receipt					
	Mailing Address 205 Woodlawn Road			09 25 2016					
	City	State	Zip Code	Transaction ID : SA11AI.9359					
	Baltimore	MD	21210	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		100.00					
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item					
	First Colonies Anesthesia		sician	Payroll deduction					
	Receipt For:		Year-to-Date ▼						
	Primary General								
	Other (specify)	L	800.00						
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SCHEDULE A (FEC Form 3X) ľ

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Any information or for comme NAME OF FIRST Full Name A. Sardaria Mailing Ad City North Poto FEC ID nu federal pol Name of E	COMMITTEE (In Full)	name and ac	ddress of any political committee	Image: Ward of the state o				
A. Sardaria Mailing Ad City North Poto FEC ID nu federal pol Name of E First Colon	rcial purposes, other than using the COMMITTEE (In Full) COLONIES ANESTHES of Individual (Last, First, Middle Init n, Leudvig, , ,	name and ac	ddress of any political committee	erson for the purpose of soliciting contributions e to solicit contributions from such committee.				
NAME OF FIRST Full Name A. Sardaria Mailing Ad City North Poto FEC ID nu federal pol Name of E First Colon	COMMITTEE (In Full) COLONIES ANESTHES of Individual (Last, First, Middle Init n, Leudvig, , ,	IA ASSO						
A. Full Name Mailing Ad City North Poto FEC ID nu federal pol Name of E First Colon	of Individual (Last, First, Middle Init n, Leudvig, , ,		CIATES LLC POLITIC	AL ACTION COMMITTEE				
A. Sardaria Mailing Ad City North Poto FEC ID nu federal pol Name of E First Colon	n, Leudvig, , ,	ial) or Full Or						
City North Poto FEC ID nu federal pol Name of E First Colon	dress 11601 Brandy Hall Lane		ganization Name	Date of Receipt				
North Poto FEC ID nu federal pol Name of E First Colon				07 25 2016				
federal pol Name of E First Colon	omac	State MD	Zip Code 20878	Transaction ID : SA11AI.9200 Amount of Each Receipt this Period				
First Colon	umber of contributing itical committee.	С		50.00				
	Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
Receipt Fo	ies Anesthesia	Phys	ician	Payroll deduction				
		Aggregate `	Year-to-Date 🔻					
Prim			200.00	1				
	er (specify) ▼		300.00					
	of Individual (Last, First, Middle Init an, Leudvig, , ,	ial) or Full Or	ganization Name	Date of Receipt				
Mailing Ad	dress 11601 Brandy Hall Lane			M M / D / Y				
City		State	Zip Code	Transaction ID : SA11AI.9296				
North Poto	omac	MD	20878	Amount of Each Receipt this Period				
	umber of contributing itical committee.	С		50.00				
	Employer (for Individual) ies Anesthesia		pation (for Individual) sician	Payroll deduction				
Receipt Fo	or:	Aggregate \	Year-to-Date ▼					
Prim Othe	ary General er (specify) ▼		350.00]				
	of Individual (Last, First, Middle Init ian, Leudvig, , ,	ial) or Full Or	ganization Name	Date of Receipt				
Mailing Ad	dress 11601 Brandy Hall Lane			09 25 2016				
City		State	Zip Code	Transaction ID : SA11AI.9392				
North Pote	omac	MD	20878	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.		С		50.00				
Name of E	Employer (for Individual)	Occu	pation (for Individual)	Memo Item				
	nies Anesthesia	Phys	ician	Payroll deduction				
Receipt Fo		Aggregate `	Year-to-Date 🔻					
Prim Othe	ary General er (specify)		400.00]				
SUBTOTAL								

FEC Schedule A (Form 3X) Rev. 06/2016

SCHEDULE A (FEC Form 3X) Ľ

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FOR LINE NUMBER:

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17			Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
$\left \right\rangle$	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIO	CAL ACTION COMMITTEE				
Α.	Full Name of Individual (Last, First, Middle Initi Seymour, Mark, , ,	ial) or Full O	Organization Name	Date of Receipt				
	Mailing Address 400 Herrs Ridge Road			07 25 2016				
	City Gettysburg	State PA	Zip Code 17325	Transaction ID : SA11AI.9190 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
	First Colonies Anesthesia	Phy	vsician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date 🔻					
	Primary General Other (specify) ▼		300.00					
	Full Name of Individual (Last, First, Middle Initi	ial) or Full O	Drganization Name					
Β.	Seymour, Mark, , ,	,	0	Date of Receipt				
	Mailing Address 400 Herrs Ridge Road			M M / D / Y				
	City	State	Zip Code	Transaction ID : SA11AI.9286				
	Gettysburg	PA	17325	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼							
<u>с</u> .	Full Name of Individual (Last, First, Middle Initi Seymour, Mark, , ,	ial) or Full O	Organization Name	Date of Receipt				
	Mailing Address 400 Herrs Ridge Road			M M / D D / Y Y Y Y 09 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9382				
	Gettysburg	PA	17325	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction				
	Receipt For:		Year-to-Date V					
	Primary General Other (specify)		400.00					
s	UBTOTAL of Receipts This Page (optional)			150.00				
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SCHEDULE A (FEC Form 3X) ľ

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ITEMIZED RECEIPTS				or each category of the Detailed Summary Page		¥ 11a 13	11b	11c	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the NAME OF COMMITTEE (In Full)							f soliciting	g contrib	utions	
\rangle	FIRST COLONIES ANESTHESI	A ASSO	CL	ATES LLC POLITIC	AL	ACTIO	ON CO	MMIT	ΓEΕ		
Α.	Full Name of Individual (Last, First, Middle Initi Study, Robert, , ,	al) or Full O)rgai	nization Name		Date of	Receipt				
	Mailing Address 6 Beall Spring Court					^M 07	/ D		ү ү 2016	Y	
	City Potomac	State MD		Zip Code 20854			action ID of Each			d	
	FEC ID number of contributing federal political committee.	С					-7-		50	0.00	
	Name of Employer (for Individual) First Colonies Anesthesia		upat vsicia	ion (for Individual) an		Me Payroll d	emo Item				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Yea	ar-to-Date ▼ 300.00							
в.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Study, Robert, , , Mailing Address 6 Beall Spring Court					Date of	Receipt	D / Y	YY	Ý	
	City	State Zip Code					2t		2016 9236	_	
	Potomac	MD	20854	_		of Each			d		
	FEC ID number of contributing federal political committee.	C				50.00				0.00	
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician				Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00									
с.	Full Name of Individual (Last, First, Middle Initi Study, Robert, , ,	al) or Full O	rgar	nization Name		Date of	Receipt				
	Mailing Address 6 Beall Spring Court					^M 09	/ D	5	2016	Ŷ	
	City Potomac	State MD		Zip Code 20854	_		action ID of Each			d	
	FEC ID number of contributing federal political committee.		C				y	y	50	0.00	
	Name of Employer (for Individual) First Colonies Anesthesia	Phys	sicia			Payroll d	emo Item eduction				
	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00									
s	UBTOTAL of Receipts This Page (optional)			•••••	-	<u> </u>	· · ·		150	.00	

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			Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the							
\setminus	NAME OF COMMITTEE (In Full)							
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
<u>v</u>	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name					
Α.	Sullivan, Lisa, , ,			Date of Receipt				
	Mailing Address 4639 Teen Barnes Road			07 / D D / Y Y Y Y 25 / 2016				
	City Frederick	State MD	Zip Code 21703	Transaction ID : SA11AI.9191				
			21705	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	First Colonies Anesthesia	Phy	sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General		200.00					
	Other (specify) v		300.00					
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name					
В.	Sullivan, Lisa, , ,	,	-g	Date of Receipt				
	Mailing Address 4639 Teen Barnes Road			08 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9287				
	Frederick	MD	21703	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction				
	Receipt For:		Year-to-Date V					
	Primary General	, 1991 oguto						
	Other (specify) v		, 350.00					
С.	Full Name of Individual (Last, First, Middle Init Sullivan, Lisa, , ,	ial) or Full O	rganization Name	Date of Receipt				
	Mailing Address 4639 Teen Barnes Road			09 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9383				
	Frederick	MD	21703	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
	First Colonies Anesthesia		sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General							
	Other (specify)		400.00					
	UBTOTAL of Receipts This Page (optional)			150.00				
\vdash	OBICIAL OF RECEIPTS THIS Page (optional)		••••••					
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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

(check only one)

X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Sullivan, Robert, , , Date of Receipt Α. Mailing Address 4639 Teen Barnes Road M = M 1 07 25 2016 City Zip Code State Transaction ID : SA11AI.9192 MD Frederick 21703 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Colonies Anesthesia Physician Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Sullivan, Robert, , , Date of Receipt Mailing Address 4639 Teen Barnes Road 08 25 2016 City State Zip Code Transaction ID : SA11AI.9288 MD Frederick 21703 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Colonies Anesthesia Payroll deduction Physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Sullivan, Robert, , , Date of Receipt Mailing Address 4639 Teen Barnes Road MM 09 25 2016 City Zip Code State Transaction ID : SA11AI.9384 MD Frederick 21703 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll deduction First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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177			Use separate schedule(s)	(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full)							
	FIRST COLONIES ANESTHES	A ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name of Individual (Last, First, Middle Initi Swann, Louis, , ,	ial) or Full O	organization Name	Date of Receipt				
	Mailing Address PO Box 6081			07 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9141				
	McLean	VA	22106	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
	First Colonies Anesthesia		sician	Payroll deduction				
	Receipt For:		Year-to-Date V					
	Primary General							
	Other (specify)	L	300.00					
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name					
Β.	Swann, Louis, , ,			Date of Receipt				
	Mailing Address PO Box 6081							
	City	State	Zip Code	Transaction ID : SA11AI.9237				
	McLean	VA	22106	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) <i>v</i> sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General	33 - 3	350.00					
	Other (specify) V							
C.	Full Name of Individual (Last, First, Middle Initi Swann, Louis, , ,	ial) or Full O	organization Name	Date of Receipt				
	Mailing Address PO Box 6081			09 25 2016				
	City	State	Zip Code	Transaction ID : SA11AI.9334				
	McLean	VA	22106	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		50.00				
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item				
	First Colonies Anesthesia		sician	Payroll deduction				
	Receipt For:	Aggregate	Year-to-Date V					
	Primary General		400.00					
	Other (specify)							
s	UBTOTAL of Receipts This Page (optional)			150.00				
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FEC Schedule A (Form 3X) Rev. 06/2016

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

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

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

FOR LINE NUMBER:

(check only one)

X 11a 11b 12 11c 13 14 15 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting 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 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tan, Rojack, , , Date of Receipt Α. Mailing Address 507 Goodland Place M = M 1 07 25 2016 City Zip Code State Transaction ID : SA11AI.9142 MD Rockville 20850 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Colonies Anesthesia Physician Payroll deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 300.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Tan, Rojack, , , Date of Receipt Mailing Address 507 Goodland Place 08 2016 25 City State Zip Code Transaction ID : SA11AI.9238 MD Rockville 20850 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) First Colonies Anesthesia Payroll deduction Physician Receipt For: Aggregate Year-to-Date ▼ Primarv General Other (specify) 350.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Tan, Rojack, , , Date of Receipt Mailing Address 507 Goodland Place MM 09 25 2016 City State Zip Code Transaction ID : SA11AI.9335 MD Rockville 20850 Amount of Each Receipt this Period FEC ID number of contributing С 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll deduction First Colonies Anesthesia Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400.00 Other (specify) 150.00 SUBTOTAL of Receipts This Page (optional).....

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SCHEDULE A (FEC Form 3X) ľ

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		Use separate schedule(s)	(check only one)				
II EIVILED KEGEIFIJ		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using	d Statements ma the name and a	l ay not be sold or used by any p address of any political committe	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE				
Full Name of Individual (Last, First, Middle A. Underwood, Reed, , ,	Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 2030 8th Street NW, #512	Mailing Address 2030 8th Street NW, #512						
City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.9127 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 300.00]				
B. Full Name of Individual (Last, First, Middle Underwood, Reed, , , Mailing Address 2030 8th Street NW, #512	Initial) or Full C	organization Name	Date of Receipt				
City	State	Zip Code	08 25 2016				
Washington	DC	20001	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Memo Item Payroll deduction				
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00]				
Full Name of Individual (Last, First, Middle C. Underwood, Reed, , ,	Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 2030 8th Street NW, #512			09 / 25 / 2016				
City Washington	State DC	Zip Code 20001	Transaction ID : SA11AI.9320 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) First Colonies Anesthesia	Phy	upation (for Individual) sician	Payroll deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]				
SUBTOTAL of Receipts This Page (optional)			150.00				

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IEMIZED RECEIPIS		h category of the	★ 11a 11b 11c 12		
	Detailed	d Summary Page			
Any information copied from such Reports and Sta or for commercial purposes, other than using the r					
	A ASSOCIATE:	S LLC POLITIC	AL ACTION COMMITTEE		
Full Name of Individual (Last, First, Middle Initia Valedon, Arnaldo, , ,	l) or Full Organization	n Name	Date of Receipt		
Mailing Address 22 Woodfield Court			07 25 2016		
City	State Zip C		Transaction ID : SA11AI.9172		
Reisterstown	MD 211	36	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		50.00		
Name of Employer (for Individual) First Colonies Anesthesia	Occupation (fo Physician	r Individual)	Payroll deduction		
Receipt For:	Aggregate Year-to-Da				
Primary General Other (specify) ▼					
Full Name of Individual (Last, First, Middle Initia . Valedon, Arnaldo, , ,	l) or Full Organization	n Name	Date of Receipt		
Mailing Address 22 Woodfield Court		08 25 2016			
City	State Zip C	ode	Transaction ID : SA11AI.9270		
Reisterstown	MD 2113	36	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual) First Colonies Anesthesia	Occupation (fo Physician	r Individual)	Payroll deduction		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Da	ate ▼ 350.00			
Full Name of Individual (Last, First, Middle Initia	l) or Full Organization	Name	Date of Receipt		
Mailing Address 22 Woodfield Court					
City	State Zip C	ode	Transaction ID : SA11AI.9366		
Reisterstown	MD 2113	86	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	C		50.00		
Name of Employer (for Individual)	Occupation (fo	r Individual)	Memo Item		
First Colonies Anesthesia	Physician	,	Payroll deduction		
Receipt For:	Aggregate Year-to-Da	ate 🔻			
Other (specify)		400.00			
SUBTOTAL of Receipts This Page (optional)		•	150.00		
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SCHEDULE A (FEC Form 3X) I

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	✗ 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Init Vogt, Mark, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 1152 Colonial Road			07 25 2016			
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.9143 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	vsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		300.00				
	Full Nerse of Individual (Loot First Middle Init		News				
R	Full Name of Individual (Last, First, Middle Init Vogt, Mark, , ,	iai) or Full O	organization Name	Date of Receipt			
υ.	Mailing Address 1152 Colonial Road			08 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9239			
	McLean	VA	22101	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		, 350.00				
<u>с</u> .	Full Name of Individual (Last, First, Middle Init Vogt, Mark, , ,	ial) or Full O	Organization Name	Date of Receipt			
	Mailing Address 1152 Colonial Road			09 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9336			
	McLean	VA	22101	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction			
	Receipt For:	1 -	Year-to-Date V				
	Primary General Other (specify)	Aggregate	400.00				
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SCHEDULE A (FEC Form 3X) Ľ

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ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions ee to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
FIRST COLONIES ANES	THESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE				
Full Name of Individual (Last, First, M A. Wahlgren, Christopher, , ,	/liddle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1200 Colvin Meadow			07 25 2016				
City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.9119 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
First Colonies Anesthesia	Phy	sician	Payroll deduction				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		000.00					
Other (specify) ▼		300.00					
Full Name of Individual (Last, First, N B. Wahlgren, Christopher, , ,	<i>l</i> iddle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1200 Colvin Meadow	rs Lane		M M / D D / Y Y Y Y 08 25 2016				
City	State	Zip Code	Transaction ID : SA11AI.9216				
Great Falls	VA	22066	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) <i>r</i> sician	Memo Item Payroll deduction				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		350.00]				
Full Name of Individual (Last, First, M C. Wahlgren, Christopher, , ,	Aiddle Initial) or Full C	organization Name	Date of Receipt				
Mailing Address 1200 Colvin Meadov	vs Lane		M M / D J Y				
City Great Falls	State VA	Zip Code 22066	Transaction ID : SA11AI.9313 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Memo Item Payroll deduction				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]				
SUBTOTAL of Receipts This Page (op	tional)		▶ 150.00				
TOTAL This Period (last page this line	number only)						

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ודר			Use separate schedule(s)	(check only o	one)				
	MIZED RECEIPTS		for each category of the Detailed Summary Page	× 11a 13	11b 11c 14 15	12 16 17			
	information copied from such Reports and Sta or commercial purposes, other than using the				rpose of solicitin	g contributions			
	IAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC			TEE			
A	ull Name of Individual (Last, First, Middle Initia Wheeler, David, , ,	al) or Full O	Drganization Name	Date of R	eceipt				
_	failing Address 7108 Collingwood Ct			07	/ D D / Y	2016			
	Sity Elkridge	State MD	Zip Code 21075		tion ID : SA11AI f Each Receipt tl				
	EC ID number of contributing ederal political committee.	С				50.00			
N	lame of Employer (for Individual)	Occi	upation (for Individual)	Mem	o Item				
F	irst Colonies Anesthesia	Phy	vsician	Payroll ded	uction				
F	Receipt For:	Aggregate	Year-to-Date V						
	Primary General		200.00						
	Other (specify) v	L	300.00						
	ull Name of Individual (Last, First, Middle Initia	al) or Full O	Organization Name						
-	Wheeler, David, , ,			Date of R	·				
_	Mailing Address 7108 Collingwood Ct				08 25 2016				
	Elkridge	MD	21075		tion ID : SA11AL				
F	EC ID number of contributing ederal political committee.	С			f Each Receipt th	50.00			
	lame of Employer (for Individual) irst Colonies Anesthesia		cupation (for Individual) ysician	Payroll ded	o Item				
Ē	Receipt For:		·		dellon				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00						
	ull Name of Individual (Last, First, Middle Initia Wheeler, David, , ,	al) or Full O	Organization Name	Date of R	eceipt				
_	Aailing Address 7108 Collingwood Ct			M M 09	25 / Y	2016 Y			
	Xity	State MD	Zip Code		tion ID : SA11AI				
_	Elkridge		21075	Amount of	f Each Receipt th	his Period			
	EC ID number of contributing ederal political committee.	С			y y	50.00			
	lame of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician	Payroll deduction					
Ē	Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 400.00							
su	BTOTAL of Receipts This Page (optional)		•		y	150.00			
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SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

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			Use separate schedule(s)		(check only one)				
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a	11b	11c 15	12	17	
	y information copied from such Reports and St for commercial purposes, other than using the			erson for the	purpose of	soliciting	contribu	itions	
	NAME OF COMMITTEE (In Full)								
	FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC	AL ACTIO		/MITT	ΈE		
_	Full Name of Individual (Last, First, Middle Initi	al) or Full O	Organization Name						
Α.	Wherry, Thomas, , ,			Date of	Receipt				
	Mailing Address 611 W. 2nd Street	0		07	/ D D 25	JL	2016	Y	
	City	State MD	Zip Code 21701		action ID :				
	Frederick		21701	Amount	of Each R	eceipt th	is Period	1	
	FEC ID number of contributing federal political committee.	С					50.	.00	
	Name of Employer (for Individual)	Осси	upation (for Individual)	Me	emo Item				
	First Colonies Anesthesia		rsician	Payroll d	eduction				
	Receipt For:		Year-to-Date V	- ´					
	Primary General	riggroguto							
	Other (specify) ▼	L	300.00						
В.	Full Name of Individual (Last, First, Middle Initi Wherry, Thomas, , ,	al) or Full O	Organization Name	Date of	Receipt				
	Mailing Address 611 W. 2nd Street			08 25 2016					
	City	State	Zip Code	Trans	action ID :	SA11AL	-		
	Frederick	MD	21701	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С					.00		
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Payroll de	emo Item eduction				
	Receipt For:	Agaregate	Year-to-Date V	_					
	Primary General Other (specify) ▼		350.00						
<u> </u>	Full Name of Individual (Last, First, Middle Initi Wherry, Thomas, , ,	al) or Full O	Organization Name	Date of	Receipt				
	Mailing Address 611 W. 2nd Street			M M 09	/ D D	/ Y	2016	Y	
	City	State	Zip Code	Trans	action ID :	SA11AI.	9370		
	Frederick	MD	21701	Amount	of Each R	eceipt th	is Period	1	
	FEC ID number of contributing federal political committee.	С			 	9	50.	.00	
	Name of Employer (for Individual)	Оссі	upation (for Individual)	Me	emo Item				
	First Colonies Anesthesia	Phys	sician	Payroll d	eduction				
	Receipt For:		Year-to-Date V						
	Primary General	00 0							
	Other (specify)	L	400.00						
s	UBTOTAL of Receipts This Page (optional)						150.	00	
Т	OTAL This Period (last page this line number of	only)		Γ.					

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

FOR LINE NUMBER:

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ITEMIZED RECEIPTS			Use separate schedule(s)	(check only one)			
			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Init Wilpon, Howard, , ,	ial) or Full O	organization Name	Date of Receipt			
	Mailing Address 18212 Wickham Road			07 25 2016			
	City Olney	State MD	Zip Code 20832	Transaction ID : SA11AI.9166 Amount of Each Receipt this Period			
		_					
	FEC ID number of contributing federal political committee.	C		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General		200.00	1			
	Other (specify) ▼	L	300.00				
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	organization Name				
Β.	Wilpon, Howard, , ,			Date of Receipt			
	Mailing Address 18212 Wickham Road	-		08 / D D / Y Y Y Y 25 / 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9264			
	Olney	MD	20832	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) /sician	Memo Item Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General	, iggi oguto		1			
	Other (specify) ▼	L	, 350.00]			
с.	Full Name of Individual (Last, First, Middle Init Wilpon, Howard, , ,	ial) or Full O	organization Name	Date of Receipt			
	Mailing Address 18212 Wickham Road			09 25 2016			
	City	State	Zip Code	Transaction ID : SA11AI.9360			
	Olney	MD	20832	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
	First Colonies Anesthesia		sician	Payroll deduction			
	Receipt For:		Year-to-Date ▼				
	Primary General	riggiogato					
	Other (specify)		400.00				
s	UBTOTAL of Receipts This Page (optional)			150.00			
Г	OTAL This Period (last page this line number of	only)					

SCHEDULE A (FEC Form 3X) Ľ

Use separate schedule(s)

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	-	Use separate schedule(s)	(check only one)				
ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17				
			person for the purpose of soliciting contributions be to solicit contributions from such committee.				
NAME OF COMMITTEE (In Full)							
FIRST COLONIES ANEST	HESIA ASSO	CIATES LLC POLITIC	CAL ACTION COMMITTEE				
Full Name of Individual (Last, First, Mid A. Wolf, Monford, , ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4822 Tilly Drive			07 25 2016				
City Sykesville	State MD	Zip Code 21784	Transaction ID : SA11AI.9175 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
First Colonies Anesthesia	Phy	sician	Payroll deduction				
Receipt For:	Aggregate	Year-to-Date 🔻					
Primary General		200.00					
Other (specify) ▼		300.00					
Full Name of Individual (Last, First, Mid B. Wolf, Monford, , ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4822 Tilly Drive							
			08 / D D / Y Y Y Y 25 2016				
City	State	Zip Code	Transaction ID : SA11AI.9273				
Sykesville	MD	21784	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С		50.00				
Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Memo Item Payroll deduction				
Receipt For:	Aggregate	Year-to-Date V					
Primary General Other (specify) ▼		, 350.00]				
Full Name of Individual (Last, First, Mid C. Wolf, Monford, , ,	dle Initial) or Full C	rganization Name	Date of Receipt				
Mailing Address 4822 Tilly Drive			09 25 2016				
City	State	Zip Code	Transaction ID : SA11AI.9369				
Sykesville	MD	21784	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		50.00				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
First Colonies Anesthesia	Phy	sician	Payroll deduction				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General		400.00					
Other (specify)		400.00					
SUBTOTAL of Receipts This Page (option	nal)		▶ 150.00				
TOTAL This Period (last page this line nu	mber only)						

SCHEDULE A (FEC Form 3X) ľ

Use separate schedule(s)

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99

IТ			Use separate schedule(s)	(check only one)
11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
				person for the purpose of soliciting contributions tee to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	OCIATES LLC POLITI	CAL ACTION COMMITTEE
Α.	Full Name of Individual (Last, First, Middle Initi Wu, You, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 910 Dunlavin Ct			07 25 2016
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.9159 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
В.	Full Name of Individual (Last, First, Middle Initi Wu, You, , , Mailing Address 910 Dunlavin Ct	al) or Full O	Drganization Name	Date of Receipt
	City Timonium	State MD	Zip Code 21093	08 25 2016 Transaction ID : SA11AI.9257
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 350.00	
с.	Full Name of Individual (Last, First, Middle Initi Wu, You, , ,	al) or Full O	Drganization Name	Date of Receipt
	Mailing Address 910 Dunlavin Ct			09 25 2016
	City Timonium	State MD	Zip Code 21093	Transaction ID : SA11AI.9353 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) vsician	Payroll deduction
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 400.00	
s	UBTOTAL of Receipts This Page (optional)			▶ 150.00
т	OTAL This Period (last page this line number o	nly)		

SCHEDULE A (FEC Form 3X) MIZED DECEIDTS ľ

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FOR LINE NUMBER:

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TTEMIZED RECEIPTS			tor each category of the Detailed Summary Page		11a		11b	11c	12				
•					13		14	15	16	17			
	ny information copied from such Reports and St for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL A		NC	со	ММІТТ	ΈE				
A.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yang, Shao, , ,						Date of Receipt						
	Mailing Address 703 Firestone Drive						D 25		y y 2016	Y			
	City	State MD	Zip Code		Trans	acti	on ID	SA11AI	9268				
	Silver Spring		20905	-	Amoun	t of	Each I	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>				50.0	00			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) sician		Payroll o		Item ction						
	Receipt For:	Aggregate	Year-to-Date ▼										
	Primary General Other (specify) ▼	Primary General General											
В.	Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Yang, Shao, , ,						ceipt						
	Mailing Address 703 Firestone Drive						09 25 2016						
	City	State Zip Code Transaction ID : SA						SA11AI.	9364				
	Silver Spring	MD	20905	-	Amoun	t of	Each I	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.						.		50.0	00			
	Name of Employer (for Individual) First Colonies Anesthesia	Occupation (for Individual) Physician					Item ction						
	Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00											
— c.	Full Name of Individual (Last, First, Middle Init Yu, Aiqin, , ,	ial) or Full O	rganization Name		Date o	f Re	ceipt						
	Mailing Address 13508 Gumspring Road				07	/	25		2016	Y			
	City	State	Zip Code		Trans	sacti	ion ID	: SA11AI	9120				
	Rockville	MD	20850	-	Amoun	t of	Each I	Receipt th	nis Period				
	FEC ID number of contributing federal political committee.	С			<u> </u>		y	9	50.0	00			
	Name of Employer (for Individual)	Occi	upation (for Individual)		Μ	emo	Item						
	First Colonies Anesthesia	Phys	sician	F	Payroll	dedu	ction						
	Receipt For:	Aggregate Year-to-Date ▼											
	Other (specify)												
⊢	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number o					-	y	 	150.0	00			

SCHEDULE A (FEC Form 3X) ľ

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			Use separate schedule(s)	(check only one)				
11E	MIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12				
Any	information copied from such Reports and Sta	atements ma	ay not be sold or used by any	person for the purpose of soliciting contributions				
\vdash		name and a	address of any political committ	ee to solicit contributions from such committee.				
	IAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	OCIATES LLC POLITI	CAL ACTION COMMITTEE				
	ull Name of Individual (Last, First, Middle Initia Yu, Aiqin, , ,	al) or Full O	Drganization Name	Date of Receipt				
_	lailing Address 13508 Gumspring Road			08 25 2016				
	ity Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.9217 Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	С		50.00				
	lame of Employer (for Individual) ïrst Colonies Anesthesia		cupation (for Individual) ysician	Payroll deduction				
F	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 350.00					
	ull Name of Individual (Last, First, Middle Initia Yu, Aiqin, , ,	al) or Full O	Drganization Name	Date of Receipt				
N	ailing Address 13508 Gumspring Road			09 25 2016				
	ity	State	Zip Code	Transaction ID : SA11AI.9314				
	Rockville	MD	20850	Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	С		50.00				
	lame of Employer (for Individual) irst Colonies Anesthesia		cupation (for Individual) ysician	Memo Item Payroll deduction				
F	Receipt For:	Aggregate	Year-to-Date V					
	Other (specify)		, 400.00					
	ull Name of Individual (Last, First, Middle Initia Yun, Jungim, , ,	al) or Full O	Drganization Name	Date of Receipt				
N	lailing Address 2057 Thurston Road			07 25 2016				
	ity Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9193 Amount of Each Receipt this Period				
	EC ID number of contributing ederal political committee.	С		50.00				
F	Name of Employer (for Individual) First Colonies Anesthesia		cupation (for Individual) vsician	Memo Item Payroll deduction				
Ē	Acceipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 300.00					
SU	BTOTAL of Receipts This Page (optional)			150.00				
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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page	★ 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and Si for commercial purposes, other than using the			erson for the purpose of soliciting contributions			
	NAME OF COMMITTEE (In Full)						
	FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name of Individual (Last, First, Middle Init Yun, Jungim, , ,	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address 2057 Thurston Road			08 25 2016			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9289 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		50.00			
	Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
	First Colonies Anesthesia	Phy	sician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date V				
	Primary General Other (specify) ▼		350.00]			
	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name				
Β.	Yun, Jungim, , ,			Date of Receipt			
	Mailing Address 2057 Thurston Road			09 / 25 / 2016			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.9385			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer (for Individual) First Colonies Anesthesia		upation (for Individual) rsician	Payroll deduction			
	Receipt For:	Aggregate	Year-to-Date ▼				
	Primary General Other (specify) ▼		400.00				
<u></u> .	Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name	Date of Receipt			
	Mailing Address			M = M / D = D / Y = Y = Y = Y			
	City	State	Zip Code	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.						
			upation (for Individual)	Memo Item			
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date V				
	UBTOTAL of Receipts This Page (optional)			100.00			
	e						

SCHEDULE B (FEC Form 3X)			Use separate schedule(s) for each category of the Detailed Summary Page		NUMBER: PAGE 86 OF 99
ITEMIZED DISBURSEMENTS		for each			one) 22 X 23 26 27 28b 28c 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAL	ACTION COMMITTEE
	Full Name (Last, First, Middle Initial) Kathy Szeliga for Maryland				Date of Disbursement
	Mailing Address 2913 O'Donnell Street Suite 210				07 11 2016
	City Baltimore	State MD	Zip Code 21231		FEC Identification Number
	Purpose of Disbursement Federal candidate contribution				C Transaction ID : SB23.9030
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate X President	ment For: 2 Primary Other (spe	General		-1000.00
	State: District:	(-	- , , ,		Memo Item
В.	Full Name (Last, First, Middle Initial) Kathy Szeliga for Maryland Mailing Address 2913 O'Donnell Street				Date of Disbursement
	Suite 210				
	City State Zip Code Baltimore MD 21231 Purpose of Disbursement Vertical State Vertical State				FEC Identification Number
	Candidate Name		I		Transaction ID : SB23.9075 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate X	ment For:	2016 General		1000.00
	State: District:	Other (spe	cify)		Memo Item
	Full Name (Last, First, Middle Initial) Plaster for Congress				Date of Disbursement
	Mailing Address PO Box 348				07 / D D / Y Y Y Y 22 / 2016
	City Annapolis Purpose of Disbursement	State MD	Zip Code 21404		FEC Identification Number
	Candidate Name			Category/ Type	Transaction ID : SB23.9074 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ment For: 2 Primary Other (spe	General		2500.00 Memo Item
s	UBTOTAL of Disbursements This Page (optional)				2500.00
⊢	OTAL This Period (last page this line number only				2500.00

	ULE B (FEC Form 3X) ED DISBURSEMENTS		arate schedule(s)	FOR LINE I (check only	
			category of the Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
	nation copied from such Reports and State nmercial purposes, other than using the na				on for the purpose of soliciting contributions solicit contributions from such committee.
	OF COMMITTEE (In Full) ST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POLITICAL	ACTION COMMITTEE
-	me (Last, First, Middle Initial) para Marx Brocato & Associat	es			Date of Disbursement
Mailing	Address 18 Pinkney Street				07 29 2016
City Annapo Purpos	olis e of Disbursement	State MD	Zip Code 21401		FEC Identification Number
Candid	ate Name			Category/ Type	Transaction ID : SB29.9031 Amount of Each Disbursement this Period
	Senate President	ement For: Primary Other (spe	General Gify) ▼		2083.33 Memo Item
B. Barb	District: Ime (Last, First, Middle Initial) Dara Marx Brocato & Associat		Date of Disbursement		
Mailing City	Address 18 Pinkney Street	State	Zip Code		08 19 2016
Annapo Purpos	Annapolis MD 21401 Purpose of Disbursement				FEC Identification Number
	Senate	ement For: Primary	General	Category/ Type	Amount of Each Disbursement this Period
State:	District:	Other (spe	cify)		Memo Item
	me (Last, First, Middle Initial) para Marx Brocato & Associate	es			Date of Disbursement
Mailing	Address 18 Pinkney Street				09 16 2016
City Annapo	olis e of Disbursement	State MD	Zip Code 21401		FEC Identification Number
	Candidate Name				C Transaction ID : SB29.9033 Amount of Each Disbursement this Period
	Senate President	ement For: Primary Other (spe	General cify) ▼		2083.33 Memo Item
	District: AL of Disbursements This Page (optional) This Period (last page this line number only				6249.99

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SCHEDULE B (FEC Form 3X)					NUMBER: PAGE 88 OF 99
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		(check only	
			Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b
	y information copied from such Reports and State			ed by any perso	on for the purpose of soliciting contributions
	for commercial purposes, other than using the nat				
$ \rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	٨٩٩٩٩			
	FIRST COLONIES ANESTHESIA	A3300		FULITICAL	
~	Full Name (Last, First, Middle Initial)				Data of Disburgement
А.	Citizens for Antonio Hayes				Date of Disbursement
	Mailing Address 1050 Hull Street				07 15 2016
	Suite 120	State	Zip Code		
	Baltimore	MD	21230		FEC Identification Number
	Purpose of Disbursement				С
	Candidate Name				Transaction ID : SB29.9034
				Category/ Type	Amount of Each Disbursement this Period
		ment For:			500.00
	Senate President	Primary Other (spec	General Gifv) ▼		
	State: District:		<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Memo Item
-	Full Name (Last, First, Middle Initial)				
В.	Citizens for Brian Feldman				Date of Disbursement
	Mailing Address PO Box 34408				07 15 2016
	<u></u>	Otata	Zin Oada		
	City Bethesda	State MD	Zip Code 20827		FEC Identification Number
	Purpose of Disbursement				С
	Candidate Name				Transaction ID : SB29.9046
				Category/ Type	Amount of Each Disbursement this Period
		ment For:			500.00
	Senate President	Primary Other (spec	General		
	State: District:				Memo Item
_	Full Name (Last, First, Middle Initial)				
С.	Citizens for Delores Kelley				Date of Disbursement
	Mailing Address 17 W Courtland Street				07 15 2016
	Suite 210	State	Zip Code		
	Belair	MD	21014		FEC Identification Number
	Purpose of Disbursement				С
Candidate Name				Catagory/	Transaction ID : SB29.9050 Amount of Each Disbursement this Period
				Category/ Type	
Office Sought: House Disbursen		ment For: Primary	General		500.00
	President	Other (spec			Memo Item
_	State: District:				
	IPTOTAL of Diphysometry This Dass (actives)				1500.00
Ľ	UBTOTAL of Disbursements This Page (optional).			•••••••	
т	OTAL This Period (last page this line number only)		••••••	, ,

S	CHEDULE B (FEC Form 3X)			FOR LINE I	NUMBER: PAGE 89 OF 99
	EMIZED DISBURSEMENTS	for each Detailed	arate schedule(s) category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
	ny information copied from such Reports and State for commercial purposes, other than using the nar				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POLITICAL	ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Citizens for Saab				Date of Disbursement
	Mailing Address 2120 Bell Tower Drive				07 15 2016
	City Crownsville Purpose of Disbursement	State MD	Zip Code 21032		FEC Identification Number
	Candidate Name			Category/	Transaction ID : SB29.9042 Amount of Each Disbursement this Period
	Senate President	ment For: Primary Other (spec	General cify) ▼	Туре	250.00 Memo Item
В.	State: District: Full Name (Last, First, Middle Initial) B. Citizens Helping Elect Cheryl Kagan Mailing Address 1048 Wintergreen Terrace				Date of Disbursement
	City Rockville Purpose of Disbursement	State MD	Zip Code 20850		FEC Identification Number
	Candidate Name				Transaction ID : SB29.9047 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spec	General Cify)		250.00 Memo Item
C.	Full Name (Last, First, Middle Initial) Committee to Re-Elect Nathaniel (Daks			Date of Disbursement
	Mailing Address 513 Normandy Avenue				09 12 2016
	City Baltimore Purpose of Disbursement	State MD	Zip Code 21229		FEC Identification Number
	Candidate Name		Category/ Type	Transaction ID : SB29.9076 Amount of Each Disbursement this Period	
	Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General cify) ▼		500.00 Memo Item
⊢	UBTOTAL of Disbursements This Page (optional)				1000.00

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S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER [·] PAGE 90 OF 99
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		one)
					22 23 26 27 29b 29c 100 20b
<u>.</u>				28a	28b 28c x 29 30b
	y information copied from such Reports and State for commercial purposes, other than using the nar				
K.	NAME OF COMMITTEE (In Full)		, ponto		
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOC	ATES LLC	POLITICAI	ACTION COMMITTEE
\angle					
~	Full Name (Last, First, Middle Initial)				
А.	Friends of Big Ed Reilly				Date of Disbursement
	Mailing Address 1749 Urby Drive				09 12 2016
	5	State	Zip Code		FEC Identification Number
	Crofton	MD	21114		
	Purpose of Disbursement				C
	Candidate Name				Transaction ID : SB29.9083
				Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse	ment For:			500.00
	Senate	Primary	General		7 7 7 7 7
	President	Other (spec	cify) 🔻		Memo Item
	State: District:				
R	Full Name (Last, First, Middle Initial)				Date of Disbursement
٦.	Friends of Bonnie Cullison				
	Mailing Address 3404 Beret Lane				07 15 2016
	,	State	Zip Code		FEC Identification Number
	Silver Spring Purpose of Disbursement	MD	20906		0
					C
	Candidate Name			Category/	Transaction ID : SB29.9036 Amount of Each Disbursement this Period
				Туре	
		ment For:			500.00
	Senate President	Primary Othor (spor	General		-
	State: District:	Other (spec	y)		Memo Item
	Full Name (Last, First, Middle Initial)				
С.	Friends of Christian Miele				Date of Disbursement
					M M / D D / Y Y Y
	Mailing Address 14 Cashell Court				07 15 2016
	City	State	Zip Code		
	Baltimore	MD	21236		FEC Identification Number
	Purpose of Disbursement		- 		С
	Condidata Nama				Transaction ID : SB29.9037
Candidate Name Office Sought: House Disbursem Senate F				Category/ Type	Amount of Each Disbursement this Period
		ment For:		iyhe	250.00
		Primary	General		
	President	Other (spec	cify) 🔻		Memo Item
_	State: District:				
		_			4250.00
s	UBTOTAL of Disbursements This Page (optional)			•••••	1250.00
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S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 OF 99			
ITEMIZED DISBURSEMENTS			arate schedule(s) category of the	(check only	r one)		
			Summary Page	21b	22 23 26 27 201 202 20 20 20		
		<u> </u>		28a	28b 28c x 29 30b		
	y information copied from such Reports and States for commercial purposes, other than using the nar						
۲.	NAME OF COMMITTEE (In Full)						
$ \rangle$	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAI	ACTION COMMITTEE		
\square							
٨	Full Name (Last, First, Middle Initial)				Date of Disbursement		
А.	Friends of Craig Zucker						
	Mailing Address PO Box 1037				07 <u>15</u> <u>2016</u>		
			1				
	5	State MD	Zip Code 20830		FEC Identification Number		
	Olney Purpose of Disbursement		20030		С		
	• • • • • •				Transaction ID : SB29.9048		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
				Туре	050.00		
	Office Sought: House Disburse	ment For:	General		250.00		
	President	Primary Other (spec					
	State: District:	(0000	J) 4		Memo Item		
	Full Name (Last, First, Middle Initial)						
Β.	Friends of Gail Bates				Date of Disbursement		
	Mailing Addross DO Day 20						
	Mailing Address PO Box 39				07 15 2016		
	City	State	Zip Code		FEC Identification Number		
	Glenelg	MD	21737				
	Purpose of Disbursement			· · · · · ·	C		
	Candidate Name			Category/	Transaction ID : SB29.9054 Amount of Each Disbursement this Period		
				Category/ Type			
		ment For:			250.00		
	Senate	Primary Other (anal	General				
	State: District:	Other (spec	Jiry)		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Friends of George C. Edwards				Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address PO Box 658				09 12 2016		
	City	State	Zip Code		EEC Identification Number		
	Grantsville	MD	21536		FEC Identification Number		
	Purpose of Disbursement				С		
					Transaction ID : SB29.9084		
				Category/ Type	Amount of Each Disbursement this Period		
		ment For:			250.00		
		Primary	General				
	State: District:	Other (spec	city) 🔻		Memo Item		
s	UBTOTAL of Disbursements This Page (optional)				750.00		
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т	OTAL This Period (last page this line number only)		••••••	, ,		

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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE (check only 21b	one) 22 23 26 27
	y information copied from such Reports and State for commercial purposes, other than using the na	ments may	not be sold or use		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAL	_ ACTION COMMITTEE
Α.	Full Name (Last, First, Middle Initial) Friends of Guy Guzzone				Date of Disbursement
	Mailing Address 9702 Deep Smoke	Chata	Zin Oada		07 15 2016
	City Columbia	State MD	Zip Code 21046		FEC Identification Number
	Purpose of Disbursement				C Transaction ID : SB29.9056
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		250.00 Memo Item
	State: District:	1			
В.	Full Name (Last, First, Middle Initial) Friends of James Ed DeGrange Mailing Address PO Box 580				Date of Disbursement
	City	State	Zip Code		
	Glen Burnie Purpose of Disbursement	MD	21060		FEC Identification Number
	Candidate Name			Category/ Type	Transaction ID : SB29.9052 Amount of Each Disbursement this Period
	Senate	ment For: Primary	General		250.00
	State: District:	Other (spe	cify)		Memo Item
C.	Full Name (Last, First, Middle Initial) Friends of JB Jennings				Date of Disbursement
	Mailing Address PO Box 1037				07 15 2016
	City Belcamp	State MD	Zip Code 21017		FEC Identification Number
	Purpose of Disbursement Candidate Name			Category/ Type	C Transaction ID : SB29.9058 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		250.00
	State: District:		<i>,,</i> ,		Memo Item
\vdash	UBTOTAL of Disbursements This Page (optional).				750.00

S	CHEDULE B (FEC Form 3X)			FOR LINE NUMBER: PAGE 93 OF		
ITEMIZED DISBURSEMENTS			Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27 280 20 200	
Ar	y information copied from such Reports and State	ments may	not be sold or use	28a	28b 28c x 29 30b	
	for commercial purposes, other than using the nar					
$\left \right\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAL	ACTION COMMITTEE	
۷ ۸.	Full Name (Last, First, Middle Initial) Friends of Jim Mathias				Date of Disbursement	
	Mailing Address 3546 Figgs Landing Road				07 / D D / Y Y Y Y Y 15 / 2016	
	Snow Hill	State MD	Zip Code 21863		FEC Identification Number	
	Purpose of Disbursement			· · ·]	C Transaction ID : SB29.9060	
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		500.00	
	State: District:		oliy) v		Memo Item	
B.	Full Name (Last, First, Middle Initial) Friends of Jim Rosapepe				Date of Disbursement	
	Mailing Address PO Box 700				07 / D D / Y Y Y Y 15 / 2016	
	City College Park	State MD	Zip Code 20740		FEC Identification Number	
	Candidate Name				C Transaction ID : SB29.9059 Amount of Each Disbursement this Period	
	Office Sought: House Disburse	ment For:	nent For:		250.00	
	Senate President	Primary Other (spe	General Cify)			
	State: District: Full Name (Last, First, Middle Initial)					
C.	Friends of Joanne C. Benson				Date of Disbursement	
	Mailing Address 17 W Courtland Street Suite 210				07 15 2016	
	City Bel Air	State MD	Zip Code 21014		FEC Identification Number	
	Purpose of Disbursement				C Transaction ID : SB29.9061	
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period	
	Senate President	ment For: Primary Other (spe	General cify) ▼		500.00 Memo Item	
_	State: District:					
s	UBTOTAL of Disbursements This Page (optional)			····· •	1250.00	
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	y information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or use		
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC F	POLITICAL	
Α.	Full Name (Last, First, Middle Initial) Friends of John Astle				Date of Disbursement
	Mailing Address 51 Fleet Street		1		07 15 2016
	City Annapolis	State MD	Zip Code 21401		FEC Identification Number
	Purpose of Disbursement				C Transaction ID : SB29.9063
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President	ement For: Primary Other (spe	General cify) ▼		250.00
	State: District:		(), (), (), (), (), (), (), (), (), (),		Memo Item
в.	Full Name (Last, First, Middle Initial) Friends Of Justin Ready Mailing Address PO Box 402		Date of Disbursement 07 / D D / Y Y Y Y Y 15 2016		
	City Westminster	State MD	Zip Code 21158		FEC Identification Number
	Purpose of Disbursement Candidate Name		[C Transaction ID : SB29.9066 Amount of Each Disbursement this Period
	Senate President	ement For: Primary Other (spe	General Cify)	Туре	500.00 Memo Item
С.	State: District: Full Name (Last, First, Middle Initial) Friends of Kathy Klausmeier				Date of Disbursement
	Mailing Address 17 W Courtland Street Suite 210				09 12 2016
	City Belair Purpose of Disbursement	State MD	Zip Code 21014		FEC Identification Number
	Candidate Name		Category/ Type		C Transaction ID : SB29.9086 Amount of Each Disbursement this Period
	Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spe	General cify) ▼		250.00 Memo Item
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⊢	UBTOTAL of Disbursements This Page (optional).			F	

SCHEDULE B (FEC Form 3X)				FOR LINE NUMBER: PAGE 95 OF 99			
IT	EMIZED DISBURSEMENTS		Use separate schedule(s)		one)		
			for each category of the Detailed Summary Page		22 23 26 27 29b 29c 100 20b		
				28a	28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full)						
\square	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITICAL			
^	Full Name (Last, First, Middle Initial)				Date of Disbursement		
А.	Friends of Kirill Reznik						
	Mailing Address 18469 Stone Hollow Drive				07 15 Y Y Y Y Y 2016		
	City	State	Zip Code				
	Germantown	MD	20874		FEC Identification Number		
	Purpose of Disbursement				С		
	Candidate Name				Transaction ID : SB29.9040		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse	ment For:		. , , , , , , , , , , , , , , , , , , ,	250.00		
	Senate	Primary	General				
	State: District:	Other (spe	cify) 🔻		Memo Item		
	Full Name (Last, First, Middle Initial)						
В.	Friends of Mary Beth Carozza				Date of Disbursement		
					M M / D D / Y Y Y Y		
	Mailing Address PO Box 428				07 15 2016		
	,	State MD	Zip Code 21843		FEC Identification Number		
	Ocean City Purpose of Disbursement		\sim				
					C		
	Candidate Name			Category/	Transaction ID : SB29.9041 Amount of Each Disbursement this Period		
				Туре	250.00		
	Office Sought: House Disburse Senate	ment For: Primary	General		250.00		
	President	Other (spe					
_	State: District:		- /		Memo Item		
	Full Name (Last, First, Middle Initial)						
C.	Friends of Nic Kipke				Date of Disbursement		
	Mailing Address PO Box 862				09 12 2016		
					2010		
	City	State	Zip Code		FEC Identification Number		
	Pasadena Purpose of Disbursement	MD	21123		\mathbf{C}		
					C Transaction ID : SB29.9078		
	Candidate Name			Category/	Amount of Each Disbursement this Period		
				Туре	1000.00		
	Office Sought: House Disburse Senate	ment For: Primary	Ganaral		1000.00		
	President	Primary Other (spe	General cifv) ▼				
	State: District:	(ope	;, •		Memo Item		
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s	UBTOTAL of Disbursements This Page (optional)			••••••	1500.00		
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SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 96 OF 99			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
	Detailed Summary Page	21b 28a	22 23 26 27 28b 28c x 29 30b		
Any information copied from such Reports and Staten	lents may not be cold or use				
or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)					
$ $ $ angle$ FIRST COLONIES ANESTHESIA λ	ASSOCIATES LLC F	POLITICAL	ACTION COMMITTEE		
Eull Name (Leat First Middle Initial)		i			
Full Name (Last, First, Middle Initial) A. Friends of Patrick Young			Date of Disbursement		
			M M / D D / Y Y Y Y		
Mailing Address 402 Strafford Road			09 12 _2016 _		
City	State Zin Code				
5	State Zip Code MD 21228		FEC Identification Number		
Purpose of Disbursement			С		
			Transaction ID : SB29.9079		
Candidate Name		Category/	Amount of Each Disbursement this Period		
Office Sought: House Disbursen	nent For:	Туре	250.00		
	Primary General				
	Other (specify) ▼		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial)			Data of Distance		
B. Friends Of Roger Manno			Date of Disbursement		
Mailing Address 2138 Merrifields Drive			07 15 2016		
5	State Zip Code		FEC Identification Number		
Silver Spring Purpose of Disbursement	MD 20906				
Candidate Name		Category/	Transaction ID : SB29.9069 Amount of Each Disbursement this Period		
		Туре			
Office Sought: House Disbursen			250.00		
	Primary General Other (specify)				
State: District:			Memo Item		
Full Name (Last, First, Middle Initial)					
C. Friends of Shirley Nathan-Pullman			Date of Disbursement		
Meiling Address DO D 04707					
Mailing Address PO Box 31785			07 15 2016		
City	State Zip Code		FEC Identification Number		
Baltimore	MD 21207				
Purpose of Disbursement			С		
Candidate Name		Cotocon:/	Transaction ID : SB29.9071 Amount of Each Disbursement this Period		
		Category/ Type			
Office Sought: House Disbursen			250.00		
	Primary General				
State: District:	Other (specify) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional)			750.00		
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SCHEDULE B (FEC Form 3X)			Use separate schedule(s)		FOR LINE NUMBER: PAGE 97 OF 99		
	EMIZED DISBURSEMENTS	for each	category of the Summary Page	(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b		
	y information copied from such Reports and State for commercial purposes, other than using the nar						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA						
Α.	Full Name (Last, First, Middle Initial) Friends of Steve Waugh				Date of Disbursement		
	Mailing Address PO Box 1805				07 15 2016		
	City California	State MD	Zip Code 20619		FEC Identification Number		
	Purpose of Disbursement				C Transaction ID : SB29.9072		
				Category/ Type	Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼		500.00 Memo Item		
	State: District:						
B.					Date of Disbursement		
	Mailing Address 6581 Belmont Woods Road	07 13 2010					
	City Elkridge Purpose of Disbursement	State MD	Zip Code 21075		FEC Identification Number		
	Candidate Name		Categ		Transaction ID : SB29.9043 Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General		250.00		
	State: District:				Memo Item		
C.	Full Name (Last, First, Middle Initial) Friends to Re-Elect Addie Eckardt				Date of Disbursement		
	Mailing Address 900 Marshy Cove #304				07 15 2016		
	City Cambridge Purpose of Disbursement	State MD	Zip Code 21613		FEC Identification Number		
	Candidate Name			Category/ Type	Transaction ID : SB29.9045 Amount of Each Disbursement this Period		
	Office Sought: House Disburse Senate President District:	ment For: Primary Other (spe	General cify) ▼		250.00 Memo Item		
s	UBTOTAL of Disbursements This Page (optional)			\	1000.00		
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SCHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 98 OF 99			
ITEMIZED DISBURSEMENTS	for each	Use separate schedule(s) for each category of the Detailed Summary Page		one) 22 23 26 27			
	Detailed	Summary Page	28a	28b 28c x 29 30b			
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	ASSOC	IATES LLC F	POLITICAL	ACTION COMMITTEE			
Full Name (Last, First, Middle Initial) A. Sailing for Senate				Date of Disbursement			
Mailing Address 103 Dundalk Avenue	07 15 2016						
City Baltimore	State MD	Zip Code 21222		FEC Identification Number			
Purpose of Disbursement				С			
Candidate Name		Transaction ID : SB29.9065					
			Category/ Type	Amount of Each Disbursement this Period			
	ement For:			250.00			
President	Primary Other (spe	cify) ▼		Memo Item			
State: District:							
Full Name (Last, First, Middle Initial) B. Sheree Sample-Hughes Campaig	ın Fund			Date of Disbursement			
	M M / D D / Y Y Y Y						
Mailing Address PO Box 2889	09 12 2016						
City Salisbury	State MD	Zip Code 21802		FEC Identification Number			
Purpose of Disbursement	С						
Candidate Name	Transaction ID : SB29.9080						
	Amount of Each Disbursement this Period						
	ement For:			250.00			
President	Senate Primary General President Other (specify)						
State: District:				Memo Item			
Full Name (Last, First, Middle Initial) C. Supporters of Thomas Middleton	Date of Disbursement						
Mailing Address PO Box 2502		07 15 2016					
City	State MD	Zip Code		FEC Identification Number			
LaPlata Purpose of Disbursement		20646		С			
Candidate Name	Transaction ID : SB29.9068 Amount of Each Disbursement this Period						
Office Sought: House Disburse	500.00						
Senate							
State: District:	Memo Item						
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SUBTOTAL of Disbursements This Page (optional)			····· ►	1000.00			
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SCHEDULE B (FEC Form 3X)		arate schedule(s)	FOR LINE	
ITEMIZED DISBURSEMENTS	TS Ose separate for each cate Detailed Sur		(check only 21b 28a	one) 22 23 26 27 28b 28c x 29 30b
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (IN FUII)	ASSOC	IATES LLC F	POLITICAL	ACTION COMMITTEE
Full Name (Last, First, Middle Initial) A. The Committee To Elect Eric Bror	Date of Disbursement			
Mailing Address 1 Minte Drive	07 15 2016			
City Baltimore Purpose of Disbursement	State MD	Zip Code 21236		FEC Identification Number
Candidate Name	Category/	C Transaction ID : SB29.9038 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President District:	ement For: Primary Other (spe	General cify) ▼	Туре	250.00 Memo Item
Full Name (Last, First, Middle Initial) B. The Committee to Elect Susan K. Mailing Address PO Box 1772	Date of Disbursement			
City Bel Air Purpose of Disbursement	State MD	Zip Code 21014		FEC Identification Number
Candidate Name	Category/ Type	Transaction ID : SB29.9081 Amount of Each Disbursement this Period		
Office Sought: House Disburse Senate President State: District:	ement For: Primary Other (spec	General cify)		250.00 Memo Item
Full Name (Last, First, Middle Initial)	Date of Disbursement			
Mailing Address				
City	State	Zip Code		FEC Identification Number
Purpose of Disbursement Candidate Name	C Amount of Each Disbursement this Period			
Office Sought: House Disburse				
State: District:	Memo Item			
SUBTOTAL of Disbursements This Page (optional)			····· >	500.00
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