| FEC FORM 3X | ANI | PORT OF D DISBUI | RSEM | ENTS | ee | | Office Use Only | |
|---|--|--|---------------------|---------------------------------|---------------------|---------------------------------|-----------------------------|---------------|
| 1. NAME OF COMMITTEE (in f | | EC MAILING LAB | =/(| ample:If typing er the lines | , type | | | |
| FIRST COLONIES | | SSOCIATES LLC | | | 1MITTEE | | | |
| Check if differ than previous reported. (AC | У <u>, во</u> (| CKVILLE | | | | | 20850 | |
| 2. FEC IDENTIFICAT | | ¥ | | | 5 | STATE A | ZIPCO | DE 🔺 |
| C00416305 | | 3 | . IS THIS REPORT | | NEW N) OR | Al (A | MENDED | |
| July 15QuarterlyOctoberQuarterlyJanuaryXJuly 31 MReport(NYear Onl | orts: Report(Q1) Report(Q2) 15 Report(Q3) 31 Report(YE) 1id-Year on-election | (d) 30-Day Post -Election Report for the | e: | | 12C) | Sep | (12G) in the State of | Special (30S) |
| 5. Covering Period I certify that I have exam Type or Print Name of T Signature of Treasurer | | Jeremy Roth | y knowledge | through and belief it is | | 3 1 and complete. ate 0 1 | 2009 | 2010 |
| NOTE : Submission of | alse, erroneous, c | r incomplete inform | nation may su | ubject the pers | on signing this | s Report to the | 1 | |
| Office Use Only | | | | | | | (Rev. 12/20 | |

Image# 10930217119

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

2 / 38

FEC Form 3X (Rev. 02/2003)

| Rep | ort Covering the Period: From: | 0 1 Y Y Y Y 0 1 2 0 0 9 | To: |
|-------|---|----------------------------|-----------------------------------|
| | _ | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
| 6. (a | a) Cash on Hand January 1 2009 ^{Y Y Y} | | 52873.38 |
| (t | b) Cash on Hand at Begining of Reporting Period | 62203.53 | |
| (0 |) Total Receipts (from Line 19) | 28290.00 | 48240.00 |
| (c | l) Subtotal (add lines 6(b) and | | |
| | 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | 90493.53 | 101113.38 |
| . То | otal Disbursements (from Line 31) | 25058.00 | 35677.85 |
| - | ash on Hand at Close of | | |
| | eporting Period ubtract Line 7 from Line 6(d)) | 65435.53 | 65435.53 |
| . D | ebts and Obligations owed TO | | |
| | e committee (Itemize all on chedule C and/or Schedule D) | 0.00 | |
| 0. D | ebts and Obligations owed BY | | |
| | e committee (Itemize all on chedule 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

FE6AN026

Image# 10930217120

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

| F | Report Covering the Period: From: | | To: |
|-----|--|-------------------------------|-----------------------------------|
| | 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) | 28035.00 | 46660.00 |
| | (ii) Unitemized | 255.00 | 1580.00 |
| | (iii) TOTAL (add Lines 11(a)(i) and (ii) 🕨 | 28290.00 | 48240.00 |
| | (b) Political Party Committees | 0.00 | 0.00 |
| | (c) Other Political Committees (such as PACs) (d) Total Contributions (add Lines | 0.00 | 0.00 |
| | 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) 🅨 | 28290.00 | 48240.00 |
| 12. | Transfers From Affiliated/Other 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 | 0.00 | 0.00 |
| | to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. | Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. | Transfers from Non-Federal and Levin Funds | | |
| | (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| | (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| | (c) Total Transfer (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)) | 28290.00 | 48240.00 |
| 20. | Total Federal Receipts (subtract Line 18(c) from Line 19) | 28290.00 | 48240.00 |

Image# 10930217121

DETAILED SUMMARY PAGE

| | COLUMN A | COLUMN B |
|--|---------------------|-----------------------|
| II. DISBURSEMENTS | - Total This Period | Calendar Year-to-Date |
| Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees | 13050.00 | 16150.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F) | 0.00 | 0.00 |
| 26. Loan Repayments Made | 0.00 | 0.00 |
| 27. Loans Made | 0.00 | 0.00 |
| Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements | 12008.00 | 19527.85 |
| Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) | 25058.00 | 35677.85 |
| 20, 24, 20, 20, 27, 20(0), 29 and $30(0)$. | | |
| Total Federal Disbursements | | |

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FEC Form 3X (Rev. 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

5 / 38

| | III. Net Contributions/Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|-----|---|-------------------------------|-----------------------------------|
| 33. | Total Contributions (other than loans) from Line 11(d), page 3) | 28290.00 | 48240.00 |
| 34. | Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. | Net Contributions (other than loans) (subtract Line 34 from Line 33) | 28290.00 | 48240.00 |
| 36. | Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. | Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. | Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

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| S | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 6/38 |
|---------|---|-----------------------------|---|---|
| | | | Use separate schedule(s) for each category of the | (check only one) |
| - | | | Detailed Summary Page | X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and Si or for commercial purposes, other than using the | tatements ma name and ad | y not be sold or used by any perso dress of any political committee to | on for the purpose of soliciting contributions solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | angle FIRST COLONIES ANESTHESIA ASS | SOCIATES L | LC POLITICAL ACTION CC | MMITTEE |
| Α. | Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy | Date of Receipt | | |
| | Mailing Address 4170 Bethesda Ave. #719 | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4917 |
| | Bethesda | MD | 20814 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | n | payroll deduction |
| | Asso | physicia | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| — В. | Full Name (Last, First, Middle Initial) Dr. Marc Beck | | | Date of Receipt |
| | Mailing Address 16 Norris Run Court | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4892 |
| | Reisterstown | MD | 21136 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. John Bunker | I | | Date of Receipt |
| 0. | Mailing Address 15229 National Pike | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4849 |
| | Hagerstown | MD | 21740 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | 0 0 | 600.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | I | | 1050.00 |
| | TOTAL This Period (last page this line number of | | r | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 7 / 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 |
|---------|---|--|---|---|
| ſ | Any information copied from such Reports and S or for commercial purposes, other than using the | rson for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | SOCIATES I | LLC POLITICAL ACTION C | COMMITTEE |
| ⊻ A. | Full Name (Last, First, Middle Initial) Dr. Donald Charney | | | Date of Receipt |
| | Mailing Address 3707 Meadowhill Court | t | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4893 |
| | Phoenix | MD | 21131 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Stayam Chary | | | Date of Receipt |
| | Mailing Address 9 Alterwood Lane | | | M + M / D + D Y Y + Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4894 |
| | Owings Mill | MD | 21117 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| – C. | Full Name (Last, First, Middle Initial) Dr. Thomas Chau | | | Date of Receipt |
| | Mailing Address 7204 Loch Edin Court | | | 12 31 YYYY 12009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4869 |
| | Potomac | MD | 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | |
| _ | Other (specify) | 0 0 | 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | ▶ 1050.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 8/38 (check only one) |
|---------|--|---|---|
| | Any information copied from such Reports and S or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | SOCIATES LLC POLITICAL ACTION CO | MMITTEE |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Dwayn Chen | Date of Receipt | |
| | Mailing Address 11415 Commonwealth #204 | ı Drive | 1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.4872 |
| | Rockville | MD 20852 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) | 600.00 |] |
| – В. | Full Name (Last, First, Middle Initial) Dr. Edward Chen | | Date of Receipt |
| | Mailing Address 10209 Fleming Avenue | 9 | 12 D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4870 |
| | Bethesda | MD 20814 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) | 600.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. Jen Chen | 1 | Date of Receipt |
| | Mailing Address 1104 Mill Ridge Road | | 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4871 |
| | McLean | VA 22102 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | _ |
| | Primary General Other (specify) ▼ | 600.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | ۱ | 1050.00 |
| F | TOTAL This Period (last page this line number | · | |

| | | | | FOR LINE NUMBER: PAGE 9/38 |
|----|--|---|---|---------------------------------------|
| | SCHEDULE A (FEC Form 3X) | | 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 |
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the | on for the purpose of soliciting contributions solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) | | | |
| | FIRST COLONIES ANESTHESIA ASS | OCIATES L | LC POLITICAL ACTION CO | MMITTEE |
| Α. | Full Name (Last, First, Middle Initial) Dr. William Chester | | | Date of Receipt |
| | Mailing Address 5801 Nicholon Lane #1915 | | | 1 2 / D D / Y Y Y Y 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4873 |
| | North Bethesda | MD | 20852 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | n | payroll deduction |
| | First Colonies Anesthesia | Physicia | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General | | 600.00 | 1 |
| | Other (specify) ▼ | 0 0 | | 1 |
| В. | Full Name (Last, First, Middle Initial) Dr. Lincoln Coore | | | Date of Receipt |
| Б. | Mailing Address 4846 Lee Hollow Place | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4895 |
| | Ellicott City | MD | 21043 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 525.00 |
| | Name of Employer First Colonies Anesthsia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 900.00 |] |
| C. | Full Name (Last, First, Middle Initial) Dr. Melvin Coursey | | | Date of Receipt |
| 0. | Mailing Address 18720 Shremor Drive | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4874 |
| | Derwood | MD | 20855 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | 0 0 | 600.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | •••••• | 1225.00 |
| | TOTAL This Period (last page this line number c | only) | · · · · · · · · · · · · · · · · · · · | |

| l | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 10 / 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|--|---|
| | or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may not be sold or used by any person e name and address of any political committee to | solicit contributions from such committee. |
| | FIRST COLONIES ANESTHESIA ASS | SOCIATES LLC POLITICAL ACTION CO | MMITTEE |
| Α. | Full Name (Last, First, Middle Initial) Dr. Lauren Deloach | | Date of Receipt |
| | Mailing Address 15114 Pepperridge Dr | ive | 12 / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4840 |
| | Bowie | MD 20721 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) | 600.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Danielle Dugan | | Date of Receipt |
| | Mailing Address 104 Ellingwood Lane | | M · M / D · D / Y · Y · Y · Y Y 1 2 3 1 2 0 0 9 3 1 < |
| | City | State Zip Code | Transaction ID: SA11AI.4851 |
| | Frederick | MD 21702 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 240.00 | |
| - c. | Full Name (Last, First, Middle Initial) Dr. Karen Dugan | | Date of Receipt |
| | Mailing Address 4107 Vickie Lynn Cou | rt | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4850 |
| | Mt. Airy | MD 21771 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthsia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | 840.00 |
| F | TOTAL This Period (last page this line number | only) | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 11 / 38 (check only one) 11c 12 X 11a 11b 11c 12 13 14 15 16 17 |
|------------|--|---|---|
| or f | / information copied from such Reports and S or commercial purposes, other than using the | on for the purpose of soliciting contributions o solicit contributions from such committee. | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | OCIATES LLC POLITICAL ACTION CO | DMMITTEE |
| A . | Full Name (Last, First, Middle Initial) Dr. Todd Epstein | Date of Receipt | |
| | Mailing Address 11305 Struttman Terra | се | 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.4905 |
| | North Bethesda | MD 20852 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date 🔻 | _ |
| | Primary General Other (specify) ▼ | 600.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. Richard Evans | | Date of Receipt |
| | Mailing Address 6436 West Langley La | ne | 12 / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4918 |
| | McLean | VA 22101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonies Anesthesia Asso | Occupation physician | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. Philip Ferkler | | Date of Receipt |
| | Mailing Address 4107 Vickie Lynn Cour | t | 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.4852 |
| | Mt. Airy | MD 21771 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 210.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 360.00 | |
| รเ | JBTOTAL of Receipts This Page (optional) | | 910.00 |
| тс | DTAL This Period (last page this line number | only) | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 12/38 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|-------------------------|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | dress of any political committee to | o solicit contributions from such committee. |
| | FIRST COLONIES ANESTHESIA ASS | SOCIATES L | LC POLITICAL ACTION CO | DMMITTEE |
| | Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli | | | Date of Receipt |
| | Mailing Address 504 Reserve Champic | on Drive | | 12 ^{DD} /YYYY 1231 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4853 |
| | Rockvillem | MD | 20850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: | 1 | Year-to-Date V | — |
| | Primary General Other (specify) | 0 0 | 600.00 |] |
| _ | Full Name (Last, First, Middle Initial) Dr. James Glass | | | Date of Receipt |
| | Mailing Address 1441 Rhode Island Av #410 | 1 2 3 1 2 0 0 9 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4919 |
| | Washington | DC | 20005 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia Asso | Occupation physiciar | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date V 450.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Steven Grube | | | Date of Receipt |
| | Mailing Address 13895 Foxtower Road | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4854 |
| | Thurmont | MD | 21788 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date ▼ 600.00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | 1 | | 1050.00 |

| | | | | 1 | FOR LINE NUMBER: PAGE 13/38 |
|---------|--|---|---|---------|------------------------------------|
| | SCHEDULE A (FEC Form 3X) | | Use separate sche | | (check only one) |
| | TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | | X 11a 11b 11c 12 |
| _ | | | Botaliou Cultiniary | 1 ugo | 13 14 15 16 17 |
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the r | for the purpose of soliciting contributions licit contributions from such committee. | | | |
| | | | | | |
| | FIRST COLONIES ANESTHESIA ASSO | MITTEE | | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Keith Hairston | Date of Receipt | | | |
| | Mailing Address 12312 Highstakes Drive |) | | | 1 2 / D D / Y Y Y Y 1 2 0 0 9 |
| | City | State | Zip Code | | Transaction ID: SA11AI.4896 |
| | Reisterstown | MD | 21136 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | n | | payroll deduction |
| | First Colonies Anesthesia | Physicia | n | | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | |
| | Primary General | | 6 | 00.00 | |
| _ | Other (specify) | 0 0 | | | |
| в. | Full Name (Last, First, Middle Initial) Dr. Glen Hessinger | | | | Date of Receipt |
| | Mailing Address 8101 Ruston Crossing F | M M / D D / Y Y Y Y 12 31 2009 | | | |
| | City | State | Zip Code | | Transaction ID: SA11AI.4897 |
| | Towson | MD | 21204 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 175.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | | |
| | Primary General Other (specify) ▼ | 0 0 | 3 | 00.00 | |
| - c. | Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth | | | | Date of Receipt |
| 0. | Mailing Address 1614 Randallwood Court | rt | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | | Transaction ID: SA11AI.4898 |
| | Jarretsville | MD | 21084 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | | payroll deduction |
| | Receipt For: | · · | e Year-to-Date 🔻 | | |
| | Primary General | | 1 1 1 1 1 | 00.00 | |
| | Other (specify) | 0 0 | | | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | | ► | 875.00 |
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| | TOTAL This Period (last page this line number o | nly) | | 🕨 | |

| S | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 14/38 |
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| ľ | TEMIZED RECEIPTS | | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 13 14 15 16 17 |
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the r | on for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | DMMITTEE | | |
| ۷ A. | Full Name (Last, First, Middle Initial) Dr. Sung Hong | Date of Receipt | | |
| | Mailing Address 8525 Huntspring Drive | | | M + M / D + D / Y + Y + Y Y 1 2 3 1 2 0 0 9 2 |
| | City | State | Zip Code | Transaction ID: SA11AI.4899 |
| | Lutherville | MD | 21093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | | payroll deduction |
| | Receipt For: | Aggregate | Year-to-Date V | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| — В. | Full Name (Last, First, Middle Initial) Dr. Steven Hopper | | | Date of Receipt |
| | Mailing Address 4550 N. Park Avenue #101 | | | M M / D D Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4906 |
| | Chevy Chase | MD | 20815 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: | Aggregate | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. Stuart Hough | | | Date of Receipt |
| | Mailing Address 9110 Travener Circle | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4875 |
| | Frederick | MD | 21704 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 525.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 900.00 |] |
| Γ | I SUBTOTAL of Receipts This Page (optional) | | ` | 1225.00 |
| | TOTAL This Period (last page this line number of | | | |

| ç | CHEDULE A (FEC Form 3X) | | | FOR LINE NUMBER: PAGE 15/38 |
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| | TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | (check only one) |
| | | | Detailed Summary Page | X 11a 11b 11c 12 |
| _ | | | | |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | tatements ma | ay not be sold or used by any persolutions of any political committee to | on for the purpose of soliciting contributions |
| K | | | | Solicit contributions from such committee. |
| ` | | | | |
| | angle FIRST COLONIES ANESTHESIA ASS | JMMITTEE | | |
| | Full Name (Last, First, Middle Initial) Dr. Sean Isaac | Date of Receipt | | |
| | Mailing Address 920 Newington Ave. | M M / D D / Y Y Y Y 12 31 2009 | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4900 |
| | Baltimore | MD | 21217 | Amount of Each Receipt this Period |
| | FEC ID number of contributing | | | |
| | federal political committee. | C | | 350.00 |
| | Name of Employer | Occupatio | n | payroll deduction |
| | First Colonie's Anesthesia Asso | physicia | n | |
| | Receipt For: | Aggregat | e Year-to-Date 🔻 | |
| | Primary General | | C00.00 | |
| | Other (specify) | | 600.00 | 1 |
| _ | Full Name (Last, First, Middle Initial) Dr. Supriya Jagannath | | | Date of Receipt |
| | Mailing Address 6260 Glen Vally Terrad | 20 | | |
| | Unit G | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4855 |
| | Frederick | MD | 21701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 175.00 |
| | Name of Employer | Occupatio | ממ | payroll deduction |
| | Name of Employer First Colonies Anesthesia | physicia | | |
| | Asso Receipt For: | 1 1 | e Year-to-Date 🔻 | |
| | Primary General | riggrogat | | 7 |
| | Other (specify) | 0.0 | 300.00 | |
| _ | Full Name (Last, First, Middle Initial) | 1 | | |
| | Dr. David Johnson | | | Date of Receipt |
| | Mailing Address 5506 Bootjack Drive | | | 12 31 YYYY 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4856 |
| | Frederick | MD | 21702 | Amount of Each Receipt this Period |
| | | | | |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | | payroll deduction |
| | | Physicia | | |
| | Receipt For: | Aggregat | e Year-to-Date 🔻 | _ |
| | Primary General | | 600.00 | 1 |
| | Other (specify) | 0.0 | | - |
| Γ | SUBTOTAL of Receipts This Page (optional) | | | 875.00 |
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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) | FOR LINE NUMBER: PAGE 16/38 |
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| | ITEMIZED RECEIPTS | | for each category of the Detailed Summary Page | (check only one) X 11a 11b 11c 12 |
| | Any information copied from such Reports and S or for commercial purposes, other than using the | 13 14 15 16 17 son for the purpose of soliciting contributions to solicit contributions from such committee. | | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | OMMITTEE | | |
| A . | Full Name (Last, First, Middle Initial) Dr. Christina Johnston | | | Date of Receipt |
| | Mailing Address 3458 Holland Cliffs Ro | ad | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4841 |
| | Huntingtown | MD | 20639 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | 1 | e Year-to-Date V | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| в. | Full Name (Last, First, Middle Initial) Dr. James Kaufman | | | Date of Receipt |
| | Mailing Address 7514 Arrowwood Road | ł | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4907 |
| | Bethesda | MD | 20817 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physicia | | payroll deduction |
| | Receipt For: | Aggregat | e Year-to-Date 🔻 | |
| | Primary General Other (specify) The second | 0 0 | 600.00 | |
| с. | Full Name (Last, First, Middle Initial) Dr. Cynthia Kenol | | | Date of Receipt |
| | Mailing Address 6579 Prestwick Drive | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4857 |
| | <u>Highland</u> | MD | 20777 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregat | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1050.00 |
| | TOTAL This Period (last page this line number | only) | | |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 17/38 (check only one) 11a X 11a 11b I3 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 ANESTHESIA ASS | o solicit contributions from such committee. | | |
| A. | Full Name (Last, First, Middle Initial) Dr. Del Kirkpatrick | Date of Receipt | | |
| | Mailing Address 3004 Hollow Crest Pla | се | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4876 |
| | Brookeville | MD | 20833 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation physicial | | payroll deduction |
| | Asso Receipt For: | | e Year-to-Date 🔻 | - |
| | Primary General Other (specify) ▼ | | 600.00 |] |
| - В. | Full Name (Last, First, Middle Initial) Dr. Richard Ko | | | Date of Receipt |
| | Mailing Address 4101 Hunt Road | | | 1 2 / D D / Y Y Y Y 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4877 |
| | Fairfax | VA | 22032 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | n | |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri | • | | Date of Receipt |
| | Mailing Address 11722 Split Tree Circle | 9 | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4878 |
| | Potomac | MD | 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | С | | 350.00 payroll deduction |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date V 600.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | ······ | 1050.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:PAGE $18/38$ (check only one)XX11a11b1314151617con for the purpose of soliciting contributions |
|------------|--|--|---|--|
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS | o solicit contributions from such committee. | | |
| A . | Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt Mailing Address 3467 North Venice S | treet | | Date of Receipt |
| | | | | 12 31 2009 |
| | City Arlington | State VA | Zip Code 22207 | Transaction ID: SA11AI.4908 |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 600.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Plac | De l | | Date of Receipt |
| | - | 12 31 2009 | | |
| | City Ijamsville | State MD | Zip Code 21754 | Transaction ID: SA11AI.4858 |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | 1 | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 900.00 | |
| - C. | Full Name (Last, First, Middle Initial) Dr. Mollyann March Mailing Address 6504 Greentree Road | | | Date of Receipt |
| | | | | 12 31 2009 |
| | City Bethesda | State MD | Zip Code 20817 | Transaction ID: SA11AI.4859 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 525.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 900.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | | | 1400.00 |
| ŀ | TOTAL This Period (last page this line number | er only) | ····· | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 19 / 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and St or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | solicit contributions from such committee. | | |
| | FIRST COLONIES ANESTHESIA ASS | MMITTEE | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Stephen Martin | | | Date of Receipt |
| | Mailing Address 3336 O Street, NW | | | M M / D D / Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4879 |
| | Washington | DC | 20007 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| В. | Full Name (Last, First, Middle Initial) Dr. Anna Noriega | | | Date of Receipt |
| | Mailing Address 603 Queen Street #4 | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4880 |
| | Alexandria | VA | 22314 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 700.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 1200.00 |] |
| С. | Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon | <u> </u> | | Date of Receipt |
| | Mailing Address 12123 Merricks Court | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4860 |
| | <u>Monrovia</u> | MD | 21770 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| | SUBTOTAL of Receipts This Page (optional) | | | 1400.00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 20 / 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 | | | |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | | | | | | |
| | Full Name (Last, First, Middle Initial) | | | | | | |
| Α. | Dr. Philip Owens Mailing Address 141 Adams Street, NW | Date of Receipt | | | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4881 | | | |
| | Washington | DC | 20001 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 350.00 | | | |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction | | | |
| | Receipt For: | | e Year-to-Date 🔻 | 7 | | | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] | | | |
| В. | Full Name (Last, First, Middle Initial) Dr. Kent Ozkum | | | Date of Receipt | | | |
| | Mailing Address 10720 Dern Road | | | 1 2 / D D / Y Y Y Y 1 2 0 0 9 | | | |
| | City | State | Zip Code | Transaction ID: SA11AI.4861 | | | |
| | Emmisburg | MD | 21727 | Amount of Each Receipt this Period | | | |
| | FEC ID number of contributing federal political committee. | C | | 350.00 | | | |
| | Name of Employer First Colonies Anesthesia Asso | Occupatio physiciar | ı | | | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date 🔻 | - | | | |
| | Other (specify) ▼ | 0 0 | 600.00 | | | | |
| C. | Full Name (Last, First, Middle Initial) Dr. Paul Park | | | Date of Receipt | | | |
| | Mailing Address 821 Oak Knoll Terrace | | | 1 2 / 3 1 / Y Y Y Y 3 1 | | | |
| | City Rockville | State MD | Zip Code 20850 | Transaction ID: SA11AI.4882 | | | |
| | FEC ID number of contributing federal political committee. | C | | Amount of Each Receipt this Period | | | |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction | | | |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date V 600.00 |] | | | |
| | SUBTOTAL of Receipts This Page (optional) | | b | 1050.00 | | | |
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| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS | Use separate schedu for each category of t Detailed Summary Pa | |
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| | | any person for the purpose of soliciting contributions | |
| or | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | mittee to solicit contributions from such committee. | |
| A. | Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis | | Date of Receipt |
| | Mailing Address 1813 Solitaire Lane | | 12 31 Y Y Y Y 12009 |
| | City | State Zip Code | Transaction ID: SA11AI.4883 |
| | <u>McLean</u> | VA 22101 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | |
| | Primary General Other (specify) ▼ | 600 | .00 |
| — B. | Full Name (Last, First, Middle Initial) Dr. Michael Peck | | Date of Receipt |
| | Mailing Address 4 Farm Haven Court | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4909 |
| | Rockville | MD 20852 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 525.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date V | |
| | Primary General Other (specify) ▼ | 900 | .00 |
| — C. | Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba | | Date of Receipt |
| | Mailing Address 8400 Tysons Trace Co | urt | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4884 |
| | Vienna | VA 22182 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600 | .00 |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 22 / 38 (check only one) 11c X 11a 11b 11c 12 13 14 15 16 17 |
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| | Any information copied from such Reports and S or for commercial purposes, other than using the | n for the purpose of soliciting contributions | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | OCIATES LLC POLITICAL ACTION CO | MMITTEE |
| ۷ A. | Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic | Date of Receipt | |
| | Mailing Address 3912 Calverton Drive | | 1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 9 |
| | City | State Zip Code | Transaction ID: SA11AI.4910 |
| | Hyattsville | MD 20782 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date ▼ | 1 |
| | Primary General Other (specify) v | 600.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Clyde Pray | | Date of Receipt |
| | Mailing Address 908 Oak Knoll Terrace | 12 / D D / Y Y Y Y 12 31 2009 | |
| | City | State Zip Code | Transaction ID: SA11AI.4920 |
| | Rockville | MD 20850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroli deduction |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 600.00 | |
| – C. | Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto | 1 | Date of Receipt |
| | Mailing Address 6409 Pinehurst Road | | |
| | City | State Zip Code | Transaction ID: SA11AI.4902 |
| | Baltimore | MD 21212 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 350.00 |
| | Name of Employer First Colonis Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date | |
| | Primary General Other (specify) ▼ | 600.00 | |
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| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 23 / 38 (check only one) |
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| | Any information copied from such Reports and Si or for commercial purposes, other than using the | on for the purpose of soliciting contributions | | |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | DMMITTEE | | |
| Α. | Full Name (Last, First, Middle Initial) Dr. Timothy Robinson | Date of Receipt | | |
| | Mailing Address 2212 Dalewood Road | | | 12 31 Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4903 |
| | Timonium | MD | 21093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| в. | Full Name (Last, First, Middle Initial) Dr. Jeremy Roth | | | Date of Receipt |
| | Mailing Address 913 Hillstead Drive | | | M M / D D Y |
| | City | State | Zip Code | Transaction ID: SA11AI.4842 |
| | | MD | 21093 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 210.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | n | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date 🔻 | - |
| | Other (specify) ▼ | 0 0 | 360.00 | |
| с. | Full Name (Last, First, Middle Initial) Dr. Alexander Rubin | | | Date of Receipt |
| | Mailing Address 6611 Hunter Trail Way | | | 12 31 Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4862 |
| | Frederick | MD | 21702 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | _ |
| | Other (specify) ▼ | 0 0 | 600.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 910.00 |
| | TOTAL This Period (last page this line number of | only) | | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 24 / 38 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 1 |
|---|---|-------------------------|---|--|
| | Any information copied from such Reports and so for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | e name and add | Iress of any political committee to | o solicit contributions from such committee. |
| Z | Full Name (Last, First, Middle Initial) | | | |
| | Dr. Suzanne Scattergood Mailing Address 14700 Crossway Roa | d | | Date of Receipt |
| | City | State | Zip Code | Transaction ID: SA11AI.4863 |
| | Rockville | MD | 20853 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 700.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 1200.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Gerald Scheinman Mailing Address 8010 Summer Mill Cc | purt | | Date of Receipt |
| | City | State | Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.4885 |
| | Bethesda | MD | 20817 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 600.00 | |
| _ | Full Name (Last, First, Middle Initial) Dr. Mark Seymour | | | Date of Receipt |
| | Mailing Address 2932 Thurston Rd. | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4864 |
| | Frederick | MD | 21704 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesai Asso | Occupation physician | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 450.00 |] |
| | SUBTOTAL of Receipts This Page (optional) . | <u> </u> | | 1400.00 |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Any information copied from such Reports and St | atomonto ma | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 25 / 38 (check only one) |
|----|--|-----------------------|---|--|
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | name and ad | dress of any political committee to | solicit contributions from such committee. |
| Α. | Full Name (Last, First, Middle Initial) Dr. Nader Soliman | | | Date of Receipt |
| | Mailing Address 22905 David Mill Road | | | 1 2 3 1 Y Y Y Y 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4886 |
| | Germantown | MD | 20876 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | | payron deduction |
| | Receipt For: | Physicia | n e Year-to-Date 🔻 | _ |
| | Primary General | Aggregate | | 1 |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| в. | Full Name (Last, First, Middle Initial) Dr. Robert Study | | | Date of Receipt |
| | Mailing Address 6 Beall Spring Court | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4911 |
| | Potomac | MD | 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | 0 0 | 600.00 |] |
| C. | Full Name (Last, First, Middle Initial) Dr. Lisa Sullivan | | | Date of Receipt |
| | Mailing Address 2454 Five Schillings Ro | bad | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4865 |
| | Frederick | MD | 21701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthsia | Occupatio Physicia | | payroll deduction |
| | | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) | 0 0 | 600.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 1050.00 |
| | TOTAL This Period (last page this line number of | only) | | |

| | CHEDULE A (FEC Form 3X) EMIZED RECEIPTS |) | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 26 / 38 (check only one) (check only one) X 11a 11b 11c 12 13 14 15 16 16 |
|----------|---|-----------------------------------|---|---|
| Ai or | ny information copied from such Reports and for commercial purposes, other than using the NAME OF COMMITTEE (In Full) | Statements may he name and add | not be sold or used by any pers lress of any political committee to | on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | P FIRST COLONIES ANESTHESIA AS | SSOCIATES L | LC POLITICAL ACTION CO | DMMITTEE |
| | Full Name (Last, First, Middle Initial) Dr. Robert Sullivan | | | Date of Receipt |
| | Mailing Address 2454 Five Schillings | Road | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4866 |
| | Frederick | MD | 21701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: | | Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 600.00 | |
| | Full Name (Last, First, Middle Initial) Dr. Louis Swann | | | Date of Receipt |
| | Mailing Address PO Box 6081 | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4912 |
| | McLean | VA | 22106 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | Year-to-Date 600.00 |] |
| | Full Name (Last, First, Middle Initial) Dr. John Tam | | | Date of Receipt |
| | Mailing Address 10905 Cripplegate Re | oad | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4887 |
| | Potomac | MD | 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physiciar | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | | Year-to-Date 600.00 | |
| | UBTOTAL of Receipts This Page (optional) | - | | 1050.00 |

| | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | | Use separate schedule(s) for each category of the | FOR LINE NUMBER: PAGE 27/38 (check only one) X 11a 11b 11c 12 |
|---------|---|------------------------|--|---|
| Г | Any information copied from such Reports and S | Statemente mo | Detailed Summary Page | 13 14 15 16 17 |
| | or for commercial purposes, other than using the | e name and ad | dress of any political committee to | solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | SOCIATES L | LC POLITICAL ACTION CC | DMMITTEE |
| ∠ A. | Full Name (Last, First, Middle Initial) Dr. Rojack Tan | | | Date of Receipt |
| | Mailing Address 507 Goodland Place | | | 1 2 / D D / Y Y Y Y 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4913 |
| | Rockville | MD | 20850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | 1 | e Year-to-Date 🔻 | -1 |
| | Primary General | | 600.00 | 1 |
| | Other (specify) | 0 0 | | |
| в. | Full Name (Last, First, Middle Initial) Dr. Bernard Tsai | | | Date of Receipt |
| | Mailing Address 10013 New London Dr | ive | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4888 |
| | Potomac | MD | 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) | | 600.00 |] |
| – C. | Full Name (Last, First, Middle Initial) Dr. Reed Underwood | I | | Date of Receipt |
| 0. | Mailing Address 1518 T Street, NW | | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4921 |
| | Washington | DC | 20009 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio physiciar | | payroll deduction |
| | Asso Receipt For: | 1 | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | | 600.00 |] |
| Γ | SUBTOTAL of Receipts This Page (optional) | I | b | 1050.00 |
| F | TOTAL This Period (last page this line number | | | |

| l | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 28 / 38 (check only one) 11a X 11a 11b 11c 12 I 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 ANESTHESIA ASS | tatements may not be sold or used by any person name and address of any political committee to SOCIATES LLC POLITICAL ACTION CO | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon Mailing Address 22 Woodfield Court | | Date of Receipt |
| | | | 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4843 |
| | Reisterstown | MD 21136 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation | payroll deduction |
| | | Physician | _ |
| | Receipt For: Primary General | Aggregate Year-to-Date | |
| | Other (specify) | 600.00 | |
| - В. | Full Name (Last, First, Middle Initial) Dr. Martha Van Clief | | Date of Receipt |
| | Mailing Address 405 Apple Grove Road | 1 | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4846 |
| | Silver Spring | MD 20904 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: | Aggregate Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 600.00 | |
| – C. | Full Name (Last, First, Middle Initial) Dr. Sanjay Vanguri | | Date of Receipt |
| | Mailing Address 6260 Glen Valley Terra | ace | M + M / D + D / Y Y + Y Y 12 31 2009 31 1 |
| | City | State Zip Code | Transaction ID: SA11AI.4867 |
| | Frederick | MD 21701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | 175.00 |
| | Name of Employer First Colonies Anesthesia | Occupation | payroll deduction |
| | Asso Receipt For: | physician Aggregate Year-to-Date 🔻 | _ |
| | Primary General Other (specify) ▼ | 300.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | I | 875.00 |
| F | TOTAL This Period (last page this line number | | |

| | SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS | Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 29 / 38 (check only one) 11a X 11a 11b 11c 12 13 14 15 16 17 |
|---------|--|---|--|
| | Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | tatements may not be sold or used by any person name and address of any political committee to SOCIATES LLC POLITICAL ACTION CO | solicit contributions from such committee. |
| A. | Full Name (Last, First, Middle Initial) Dr. Paul Van Nice Mailing Address 71401 Meadow Lane | | Date of Receipt |
| | | | 12 31 2009 |
| | City Change Change | State Zip Code MD 20815 | Transaction ID: SA11AI.4889 |
| | <u>Chevy Chase</u> FEC ID number of contributing federal political committee. | MD 20815 | Amount of Each Receipt this Period 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| В. | Full Name (Last, First, Middle Initial) Dr. Nicholas Visnich, Jr. Mailing Address 10816 Willow Run Circ | cle | Date of Receipt |
| | City | State Zip Code | 1 2 3 1 2 0 0 9 Transaction ID: SA11AI.4914 |
| | Potomac | MD 20854 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | 175.00 |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General Other (specify) ♥ | Aggregate Year-to-Date ▼ 300.00 | |
| - C. | Full Name (Last, First, Middle Initial) Dr. Mark Vogt | | Date of Receipt |
| | Mailing Address 1149 Colonial Road | | 12 / D D / Y Y Y Y 31 / 2009 |
| | City | State Zip Code | Transaction ID: SA11AI.4915 |
| | McLean FEC ID number of contributing federal political committee. | VA 22101 | Amount of Each Receipt this Period |
| | Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |
| ſ | SUBTOTAL of Receipts This Page (optional) | • | 875.00 |
| Ī | TOTAL This Period (last page this line number | only) | |

| ľ | SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S or for commercial purposes, other than using the | Statements ma | Use separate schedu for each category of t Detailed Summary Pa y not be sold or used by a dress of any political com | age ((| OR LINE NUMBER: PAGE 30 / 38 check only one) 11a 11b 11c 12 X 11a 11b 11c 12 13 14 15 16 17 or the purpose of soliciting contributions cit contributions from such committee. 17 |
|---------|--|-----------------------|--|--------|--|
| | NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA ASS | SOCIATES I | LLC POLITICAL ACTI | | NITTEE |
| Α. | Full Name (Last, First, Middle Initial) Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows | Lane | | | Date of Receipt |
| | City | Stata | Zin Codo | | |
| | City Great Falls | State VA | Zip Code 22066 | F | Transaction ID: SA11AI.4890 Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date V 600 | .00 | |
| | Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge Dr | rive | | | Date of Receipt |
| | City | State | Zip Code | | 12 31 2009 Transaction ID: SA11AI.4916 |
| | Potomac | VA | 20854 | | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | |] | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | n | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date V 600 | .00 | |
| —). | Full Name (Last, First, Middle Initial) Dr. David Wheeler | I | | | Date of Receipt |
| | Mailing Address 7108 Collingwood Cou | | | | 1 2 / D D / Y Y Y Y Y 1 2 0 0 9 |
| | City Elkridge | State MD | Zip Code 21075 | F | Transaction ID: SA11AI.4904 |
| | FEC ID number of contributing federal political committee. | C | 210/3 | | Amount of Each Receipt this Period 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicia | | | payroll deduction |
| | Receipt For: Primary General Other (specify) ▼ | Aggregate | e Year-to-Date 🔻 600 | .00 | |
| Γ | SUBTOTAL of Receipts This Page (optional) | I | | ► | 1050.00 |
| | TOTAL This Period (last page this line number | | | | |

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| | SCHEDULE A (FEC Form 3X) | | Use separate schedule(s) for each category of the | (check only one) |
| | ITEMIZED RECEIPTS | | Detailed Summary Page | X 11a 11b 11c 12 |
| | Any information copied from such Reports and Sta or for commercial purposes, other than using the r | atements may | y not be sold or used by any perso dress of any political committee to | 13 14 15 16 17 on for the purpose of soliciting contributions o solicit contributions from such committee. |
| | NAME OF COMMITTEE (In Full) | | | |
| | FIRST COLONIES ANESTHESIA ASS | OCIATES L | LC POLITICAL ACTION CC | DMMITTEE |
| Α. | Full Name (Last, First, Middle Initial) Dr. Thomas Wherry | | | Date of Receipt |
| | Mailing Address 611 W. 2nd Street | | | 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4847 |
| | Frederick | MD | 21701 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio | | payroll deduction |
| | | Physicia | | |
| | Receipt For: Primary General | Aggregate | e Year-to-Date | - |
| | Other (specify) ▼ | 0 0 | 600.00 | |
| в. | Full Name (Last, First, Middle Initial) Dr. Howard Wilpon | | | Date of Receipt |
| | Mailing Address 18212 Wickham Road | | | M M / D D / Y Y Y Y 12 31 2009 |
| | City | State | Zip Code | Transaction ID: SA11AI.4848 |
| | Olney | MD | 20832 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Primary General Other (specify) ▼ | 0 0 | 600.00 |] |
| С. | Full Name (Last, First, Middle Initial) Dr. Aigin Yu | | | Date of Receipt |
| • | Mailing Address 13508 Gumspring Road | d | | 1 2 3 1 2 0 0 9 |
| | City | State | Zip Code | Transaction ID: SA11AI.4891 |
| | Rockville | MD | 20850 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | C | | 350.00 |
| | Name of Employer First Colonies Anesthesia | Occupatio Physicial | | payroll deduction |
| | Receipt For: | Aggregate | e Year-to-Date 🔻 | |
| | Other (specify) ▼ | 0 0 | 600.00 |] |
| | SUBTOTAL of Receipts This Page (optional) | | | 1050.00 |
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| SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS | () Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: PAGE 32/38 (check only one) X X 11a 11b 11c 12 13 14 15 16 17 |
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| | d Statements may not be sold or used by any pers the name and address of any political committee t | |
| NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA | ASSOCIATES LLC POLITICAL ACTION CO | DMMITTEE |
| Full Name (Last, First, Middle Initial) Dr. Jungim Yun Mailing Address 2057 Thurston Roa | d | Date of Receipt |
| City Frederick | State Zip Code MD 21704 | Transaction ID: SA11AI.4868 |
| FEC ID number of contributing federal political committee. | MD 21704 | Amount of Each Receipt this Period 350.00 |
| Name of Employer First Colonies Anesthesia | Occupation Physician | payroll deduction |
| Receipt For: Primary General Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | |

| SUBTOTAL of Receipts This Page (optional) | ► | 350.00 |
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| TOTAL This Period (last page this line number only) | ► | 28035.00 |

| TEMIZED DISBURSEMENTS for each category of the Detailed Summary Page 21b 22 X 23 24 25 | | CHEDULE B (FEC Form 3X) | | e schedule(s) | T | | R LINE I | | R: | | | PA | GE | 33 / 3 | 8 |
|---|----------|--|-----------------|--------------------|----|-------|------------|------------|------------|----------------|----------------|--------|------|--------|-------|
| ar for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee TRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE FUI Name (Last, First, Middle Initial) Citizens for Dan Morhaim Mailing Address 8 Park Center Court City Ovings Mills MD 21117 Purpose of Disbursement Cardidate Name Cardidate Name Friends of Martin O'Mailey Friends of Martin O'Mailey Friends of Martin O'Mailey Friends of Disbursement Contribution Cardidate Name Friends of Disbursement Controlution Cardidate Name Friends of Disbursement Cardidate Name Friends of Dete Hammen Mailing Address 188 Main Street Suite 1 City City City City City City City City | IT | EMIZED DISBURSEMENTS | for each cate | egory of the | | | 21b | 22 | | | | | | | |
| Citizens for Dan Morhaim Date of Disbursement Mailing Address 8 Park Center Court City State Zip Code Ovings Mills MD 21117 Purpose of Disbursement 011 Candidate Name 011 Dan Morhaim 011 Candidate Name 011 Dan Morhaim 011 Candidate Name 0ther (specify) Office Scught: X House District: District: Mailing Address 1010 Hull Street Suite 202 State City State Mailing Address 1010 Hull Street Suite 202 MD City State Purpose of Disbursement 011 Candidate Name Disbursement For: Candidate Name Friends of Martin O'Mailey Purpose of Disbursement 011 Candidate Name Disbursement For: State: District: Full Name (Last, First, Middle Initial) Friends of Pate Hammen Mailing Address 188 Main Street Su | | for commercial purposes, other than using the nam NAME OF COMMITTEE (In Full) | e and address o | of any political c | om | mitte | ee to soli | cit contri | ibutio | | | | | | |
| Mailing Address 8 Park Center Court 11 0.4 2009 City MD 21117 Amount of Each Disbursement this Period Owings Mills MD 21117 1000.00 Outrigs Mills MD 21117 1000.00 Outrigs Mills MD 21117 1000.00 Outrigs Mills MD 21117 1000.00 Cardidate Name District: 2009 4 Cardidate Name District: 1000.00 1000.00 Full Name (Last, First, Middle Initial) Friends of Martin O'Malley Transaction ID: SB23.4828 Date of Disbursement Mailing Address Suite 202 State: 011 011 1000.00 Cardidate Name MD 21230 Amount of Each Disbursement the Period 1000.00 Office Sought: House Disbursement For: 2009 Amount of Each Disbursement the Period Cardidate Name Friends of Martin O'Malley Transaction ID: SB23.4823 Date of Disbursement this Period Cardidate Name Friends of Pete Hammen 011 011 0100.00 Maing Address 188 Main Street <td><u>/</u></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Date c</td> <td>of Dis</td> <td>sburse</td> <td>emen</td> <td>-</td> <td></td> <td></td> <td>Y</td> | <u>/</u> | | | | | | | Date c | of Dis | sburse | emen | - | | | Y |
| Owings Mills MD 21117 Purpose of Disbursement contribution 011 Category/ Type Office Sought: X House Senate Disbursement For: President 2009 Office Sought: X House President Disbursement For: President 2009 Full Name (Last, First, Middle Initial) Friends of Martin O'Malley Transaction ID: Transaction ID: SB23.4828 Mailing Address 1010 Hull Street Suite 202 State Zip Code MD 21230 Purpose of Disbursement contribution 011 Category/ Type 1000.00 Amount of Each Disbursement this Period Office Sought: Baltimore MD 21230 Amount of Each Disbursement this Period Office Sought: Breade State: Disbursement For: 2009 2009 Amount of Each Disbursement this Period Mailing Address 188 Main Street Suite 1 Disbursement For: 21401 20 0 9 Amount of Each Disbursement this Period Mailing Address 188 Main Street Suite 1 Disbursement For: 21401 20 0 9' X 2 0 0 9' Office Sought: Senate President Disbursement For: 2000 200 Amount of Each Disbursement this Period Mailing Address | | Mailing Address 8 Park Center Court | | | | | | | | | 4 | | 2 | 009 | |
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