Image# 12952414163				PAGE 1 / 38
	EPORT OF R ND DISBURS Other Than An Author	EMENTS		
	PE OR PRINT ▼		Office U	se Only
1. NAME OF TYP COMMITTEE (in full)		Example: If typing, type over the lines.	12FE4M5	
ADDRESS (number and street)	490 New Technology Way			
Check if different				
than previously reported. (ACC)	Frederick		MD 21703	³
2. FEC IDENTIFICATION NUMB		\	STATE 🔺	ZIP CODE
C C00416305	3. IS T REP		R AMENDED	
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	(b) Monthly Report Due On: Mar 20			Nov 20 (M11) (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15	Apr 20	(M4) Jul 20 (M	7) Oct 20 (M10)	Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day PRE-Election	Primary (12P)	General (12G)	Runoff (12R)
Quarterly Report (Q2) Cotober 15 October 15 October 15	Report for the:	Convention (12C)	Special (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election o	n / D D	/ Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R)	Special (30S)
Termination Report (TER)	Report for the: Election o	n / D = D	/ Y Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y Y 01 2011	through 09		у у 11
I certify that I have examined this R	eport and to the best of my	v knowledge and belief it is	s true, correct and comple	te.
Type or Print Name of Treasurer	Dr. Jeremy Roth			
Signature of Treasurer	y Roth	[Electronically Filed]	Date 07 / 13	D / Y Y Y Y 2012
NOTE: Submission of false, erroneous	, or incomplete information m	ay subject the person signir	ng this Report to the penalti	es of 2 U.S.C. §437g.
Office Use Only				FORM 3X Rev. 12/2004

07/13/2012 13 : 14

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From:	7 01 / Y Y Y Y Y 7 01 2011 To:	09 / D D / Y Y Y Y Y 2011
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2011		73226.83
	(b) Cash on Hand at Beginning of Reporting Period	76596.98	
	(c) Total Receipts (from Line 19)	13490.00	35490.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	90086.98	108716.83
7.	Total Disbursements (from Line 31)	8288.17	26918.02
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	81798.81	81798.81
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
DLIAILLD	JUNIMANI	FAGL

of Receipts

Write or Type Committee Name

Image# 12952414165

FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

R	eport Covering the Period: From: 07	/ D D / Y Y Y Y 01 2011 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)	12480.00	24780.00
	(ii) Unitemized	1010.00	10710.00
	(iii) TOTAL (add		
	Lines 11(a)(i) and (ii)	13490.00	35490.00
		0.00	0.00
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees	0.00	0.00
	(such as PACs)		0.00
	(d) Total Contributions (add Lines		
	11(a)(iii), (b), and (c)) (Carry	13490.00	35490.00
10	Totals to Line 33, page 5)▶ Transfers From Affiliated/Other	7 7 7	/3 /3 //
12.	Party Committees	0.00	0.00
		, , , , , , , , , , , , , , , , , , , ,	
13	All Loans Received	0.00	0.00
10.		7 7	
- 1	Lean Renouments Resourced	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	7 7 7	0.00
15.	(Refunds, Rebates, etc.)		
	(Carry Totals to Line 37, page 5)	0.00	0.00
16	Refunds of Contributions Made		17 17 17
10.	to Federal Candidates and Other		
	Political Committees	0.00	0.00
17.	Other Federal Receipts	7 7	
	(Dividends, Interest, etc.)	0.00	0.00
18.	Transfers from Non-Federal and Levin Funds	7 7	
	(a) Non-Federal Account		
	(from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
19.	Total Receipts (add Lines 11(d),		
	12, 13, 14, 15, 16, 17, and 18(c))	13490.00	35490.00
	_		
20.	Total Federal Receipts		
	(subtract Line 18(c) from Line 19)►	13490.00	35490.00

DETAILED SUMMARY PAGE

II. Disbursements	COLUMN A	COLUMN B	
Operating Expenditures: (a) Allocated Federal/Non-Federal	- Total This Period	Calendar Year-to-Date	
Activity (from Schedule H4) (i) Federal Share	0.00	0.0	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	0.00	0.0	
(c) Total Operating Expenditures		0.0	
(add 21(a)(i), (a)(ii), and (b)) Transfers to Affiliated/Other Party	► 0.00	0.0	
Committees		0.0	
Contributions to Federal Candidates/Committees and Other Political Committees	3450.00	11250.00	
Independent Expenditures (use Schedule E)	0.00	0.0	
Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		0.0	
Loan Repayments Made		0.00	
Loans Made Refunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees		0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)		0.0	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
Other Disbursements	4838.17	15668.02	
Federal Election Activity (2 U.S.C. §431(201)		
(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 Entirel With Federal Funds 		0.0	
(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)).		26918.0	
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	▶ 8288.17	26918.02	

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	13490.00	35490.00
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	13490.00	35490.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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			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			rson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	A ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Maksim Barkinskiy			Date of Receipt				
	Mailing Address 4170 Bethesda Ave. #719 City	State	Zip Code	09 / 25 / 2011				
	Bethesda	MD	20814	Transaction ID : SA11AI.5824 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		 Payroll deduction 				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
в.	Full Name (Last, First, Middle Initial) Dr. Marc Beck			Date of Receipt				
	Mailing Address 16 Norris Run Court	09 25 2011						
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.5843 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	C						
	Name of Employer First Colonies Anesthesia	Occupation Physician		 Payroll deduction 				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. John Bunker			Date of Receipt				
	Mailing Address 15229 National Pike	09 25 2011						
	City Hagerstown	State MD	Zip Code 21740	Transaction ID : SA11AI.5803 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer	Occupation		Payroll deduction				
	First Colonies Anesthesia Receipt For:	Physician		_				
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
s	UBTOTAL of Receipts This Page (optional)		•	450.00				

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17		
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE		
A. Full Name (Last, First, Middle Initial) Dr. Donald Charney Mailing Address 3707 Meadowhill Court	State	Zip Code	Date of Receipt		
Phoenix	MD	21131	Transaction ID : SA11AI.5844		
FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]		
Full Name (Last, First, Middle Initial)					
B. Dr. Stayam Chary	Date of Receipt				
Mailing Address 9 Alterwood Lane	09 25 2011				
City	State	Zip Code	Transaction ID : SA11AI.5845		
Owings Mill	MD	21117	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		150.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Other (specify)		400.00]		
Full Name (Last, First, Middle Initial) C. Dr. Thomas Chau					
Mailing Address 7204 Loch Edin Court					
City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5858 Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	С		150.00		
Name of Employer	Occupation	1	Payroll deduction		
First Colonies Anesthesia	Physician				
Receipt For:	Aggregate	Year-to-Date ▼			
Primary General Other (specify) ▼		400.00]		
SUBTOTAL of Receipts This Page (optional)			450.00		

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

(check only one)

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			Detailed Summary Page	$\begin{array}{ c c c c c c c c } X & 11a & 11b & 11c & 12 \\ \hline 13 & 14 & 15 & 16 & 17 \\ \hline \end{array}$				
Ar or	y information copied from such Reports and S for commercial purposes, other than using the	tatements mane and a	ay not be sold or used by any pe address of any political committee	rson for the purpose of soliciting contributions				
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Full Name (Last, First, Middle Initial) A. Dr. Dwayn Chen Mailing Address 11415 Commonwealth Drive				Date of Receipt				
	#204 City	09 25 2011 Transaction ID : SA11AI.5861						
	Rockville	MD	20852	Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician	Year-to-Date ▼	_				
	Receipt For: Primary General Other (specify) ▼							
в.	Full Name (Last, First, Middle Initial) Dr. Edward Chen	Date of Receipt						
	Mailing Address 10209 Fleming Avenue							
	City	State Zip Code MD 20814						
	Bethesda FEC ID number of contributing federal political committee.	C Amount of Each Rece						
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00					
с.	Full Name (Last, First, Middle Initial) Dr. Jen Chen			Date of Receipt				
	Mailing Address 1104 Mill Ridge Road	M = M / D = D / Y = Y = Y = Y Y O						
	City McLean	State VA	Zip Code 22102	Transaction ID : SA11AI.5860 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer	Occupatior	1	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00					
s	UBTOTAL of Receipts This Page (optional)			450.00				
Т	OTAL This Period (last page this line number	only)	••••••					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
Any information copied from such Reports an or for commercial purposes, other than using	erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	OCIATES LLC POLITIC	AL ACTION COMMITTEE	
Full Name (Last, First, Middle Initial) Dr. William Chester Mailing Address 5801 Nicholon Lane #1915 City North Bethesda FEC ID number of contributing federal political committee. Name of Employer	State MD C	Zip Code 20852	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5862 Amount of Each Receipt this Period 150.00 Payroll deduction	
First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	Physician Aggregate	Year-to-Date ▼ 400.00]	
Full Name (Last, First, Middle Initial) B. Dr. Lincoln Coore Mailing Address 4846 Lee Hollow Place			Date of Receipt	
City Ellicott City	State MD	Zip Code 21043	Transaction ID : SA11AI.5846 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		225.00	
Name of Employer First Colonies Anesthsia Receipt For: Primary General	Occupation Physician Aggregate	n Year-to-Date ▼	Payroll deduction	
Other (specify)		, 600.00		
Full Name (Last, First, Middle Initial) C. Dr. Melvin Coursey				
Mailing Address 18720 Shremor Drive	09 / 25 / Y Y Y Y 09 25			
City Derwood	State MD	Zip Code 20855	Transaction ID : SA11AI.5863 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	С		150.00 Payroll deduction	
Name of Employer First Colonies Anesthesia	Occupation Physician	1		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00]	
SUBTOTAL of Receipts This Page (optional)			525.00	

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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		n category of the I Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSOCIATES	S LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Lauren Deloach Mailing Address 15114 Pepperridge Drive City Bowie FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State Zip Co MD 20721 C Occupation Physician Aggregate Year-to-Da		Date of Receipt 09 25 2011 Transaction ID : SA11AI.5789 Amount of Each Receipt this Period 150.00 Payroll deduction
Other (specify)		400.00]
Full Name (Last, First, Middle Initial) B. Dr. Karen Dugan Mailing Address 4107 Vickie Lynn Court			Date of Receipt
City Mt. Airy FEC ID number of contributing federal political committee.	State Zip Co MD 21771		Transaction ID : SA11AI.5804 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthsia Receipt For:	Occupation Physician Aggregate Year-to-Da	te ▼	Payroll deduction
Other (specify)		400.00	
C. Dr. Ali Ememhosseini Mailing Address 306 Prettyman Dr. Apt. 8409	Mailing Address 306 Prettyman Dr.		
City Rockville	State Zip Co MD 20850		Transaction ID : SA11AI.5864 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		150.00 Payroll deduction
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Da	te ▼ 400.00	
SUBTOTAL of Receipts This Page (optional)			450.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	ny information copied from such Reports and S for commercial purposes, other than using the			
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Α.	Mailing Address 11305 Struttman Terrace			Date of Receipt
	City North Bethesda	State MD	Zip Code 20852	Transaction ID : SA11AI.5829 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer	Occupation	l	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date ▼ 400.00	
в.	Full Name (Last, First, Middle Initial) Dr. Richard Evans	Date of Receipt		
	Mailing Address 6436 West Langley Lane	09 25 2011		
	City	State	Zip Code	Transaction ID : SA11AI.5825
	McLean	VA	22101	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		Payroll deduction
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	Aggregate	400.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Philip Ferkler			Date of Receipt
	Mailing Address 4107 Vickie Lynn Court	09 25 2011		
	City Mt. Airy	State MD	Zip Code 21771	Transaction ID : SA11AI.5806 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		90.00
	Name of Employer	Occupation	1	Payroll deduction
	First Colonies Anesthesia	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	
s	UBTOTAL of Receipts This Page (optional)		····· •	390.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Tamara Gabrielli Mailing Address 504 Reserve Champion Drive			Date of Receipt			
	City Rockvillem	State MD	Zip Code 20850	Transaction ID : SA11AI.5807 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician		Payroll deduction			
	Receipt For: Primary General Other (specify) ▼						
в.		Date of Receipt					
	Mailing Address 7700 Charleston Dr.	09 25 2011					
	City Bethesda	State MD	Zip Code 20817	Transaction ID : SA11AI.5808			
	FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period			
	Name of Employer First Colonies Anesthesia Asso Receipt For:	Occupation physician Aggregate	Year-to-Date ▼	Payroll deduction			
	Other (specify) V		400.00				
с.	Full Name (Last, First, Middle Initial) Dr. James Glass	Date of Receipt					
	Mailing Address 1441 Rhode Island Ave., N.W #410	09 25 2011					
	City Washington	State DC	Zip Code 20005	Transaction ID : SA11AI.5826 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer	Occupation	I	Payroll deduction			
	First Colonies Anesthesia Asso	physician					
	Receipt For: Primary General	Aggregate	Year-to-Date ▼				
	Other (specify)	L	400.00				
s	UBTOTAL of Receipts This Page (optional)		•	450.00			

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

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

Use separate schedule(s) for each category of the

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(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page		-		11b	11c	12	_				
	y information copied from such Reports and S for commercial purposes, other than using the													
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITIC	AL A	ιто	ON	I CO	MMIT	ΓEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Steven Grube				Date o	f Re	eceipt							
	Mailing Address 13895 Foxtower Road		09		25	5	2011	Y						
	Thurmont	State MD	Zip Code 21788				-	: SA11AI. Receipt th						
	FEC ID number of contributing federal political committee.	С					,	10001011).00				
	Name of Employer First Colonies Anesthesia	Occupation Physician			Payroll	dedu	uction							
	Privac Privac Primary General Other (specify) ✓													
в.	Full Name (Last, First, Middle Initial) Dr. Keith Hairston				Date o	f Re	ceipt							
	Mailing Address 12312 Highstakes Drive						09 25 2011							
	City Reisterstown	State MD	Zip Code 21136	Transaction ID : SA11AI.5848 Amount of Each Receipt this Period										
	FEC ID number of contributing federal political committee.	s and the second s							150.00					
	Name of Employer First Colonies Anesthesia							Payroll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00											
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Glen Hessinger						Date of Receipt							
	Mailing Address 8101 Ruston Crossing Road						2		2011	Y				
	City Towson	State MD	Zip Code 21204					: SA11AI						
	FEC ID number of contributing federal political committee.	С			Amount of Each Receipt this Period 150.00 Payroll deduction					0.00				
	Name of Employer	Occupation	I	F										
	First Colonies Anesthesia	Physician												
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00	1										
F	UBTOTAL of Receipts This Page (optional) OTAL This Period (last page this line number			-			7 I	7	450	.00				

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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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 Statements or for commercial purposes, other than using the name as		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESIA AS	SOCIATES LLC POLITICA	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Jean-Max Hogarth Mailing Address 1614 Randallwood Court City State Jarretsville MD FEC ID number of contributing C federal political committee. Occupa Name of Employer Occupa First Colonies Anesthesia Physici Receipt For: Aggree Other (specify) ▼ C	21084 ation	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Sung Hong Mailing Address 8525 Huntspring Drive City State Lutherville MD FEC ID number of contributing federal political committee. C Name of Employer Occupa First Colonies Anesthesia Physicia Receipt For: Aggreg Other (specify) ▼ Image: Control of the specify of the specified of	21093 ation	Date of Receipt
Full Name (Last, First, Middle Initial) Dr. Steven Hopper Mailing Address 4550 N. Park Avenue #101 City State Chevy Chase MD FEC ID number of contributing C rederal political committee. Occupa Name of Employer Occupa First Colonies Anesthesia Physici Receipt For: Aggreg Other (specify)	20815 ation	Date of Receipt
SUBTOTAL of Receipts This Page (optional)	▶	450.00

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	y information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	L ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Stuart Hough			Date of Receipt			
	Mailing Address 9110 Travener Circle			09 25 2011			
	City Frederick	State MD	Zip Code 21704	Transaction ID : SA11AI.5865 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		225.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00				
В.	Full Name (Last, First, Middle Initial) Dr. Sean Isaac	Date of Receipt					
	Mailing Address 920 Newington Ave.	09 25 2011					
	City Baltimore	State MD	Zip Code 21217	Transaction ID : SA11AI.5851 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	ů l					
	Name of Employer First Colonies Anesthesia Asso	Occupation physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
с.	Full Name (Last, First, Middle Initial) Dr. David Johnson	Date of Receipt					
	Mailing Address 5506 Bootjack Drive	09 25 2011					
	City Frederick	State MD	Zip Code 21702	Transaction ID : SA11AI.5811 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia	Physician					
	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			525.00			

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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TIEMIZED RECEIPTS	for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
		any person for the purpose of soliciting contributions ittee to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSOCIATES LLC POLIT	TICAL ACTION COMMITTEE			
✓ Full Name (Last, First, Middle Initial) A. Dr. James Kaufman Mailing Address 7514 Arrowwood Road City Bethesda FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 20817 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5832 Amount of Each Receipt this Period 150.00 Payroll deduction			
Full Name (Last, First, Middle Initial) B. Dr. Cynthia Kenol Mailing Address 6579 Prestwick Drive		Date of Receipt			
City Highland FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia	State Zip Code MD 20777	09 25 2011 Transaction ID : SA11AI.5812 Amount of Each Receipt this Period 150.00 Payroll deduction			
Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 400.00				
C. Dr. Del Kirkpatrick Mailing Address 3004 Hollow Crest Place					
City Brookeville FEC ID number of contributing federal political committee.	State Zip Code MD 20833	09 25 2011 Transaction ID : SA11AI.5866 Amount of Each Receipt this Period 150.00			
Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	Occupation physician Aggregate Year-to-Date ▼ 400.00	Payroll deduction			
SUBTOTAL of Receipts This Page (optional)		► 450.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	L ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Richard Ko						
	Mailing Address 4101 Hunt Road			09 25 _ 2011 _			
	City Fairfax	State VA	Zip Code 22032	Transaction ID : SA11AI.5867 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼						
в.	Full Name (Last, First, Middle Initial) Dr. Harkisan Laheri	Date of Receipt					
	Mailing Address 11722 Split Tree Circle						
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5868 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Kathleen Leavitt	Date of Receipt					
	Mailing Address 3467 North Venice Street	Mailing Address 3467 North Venice Street					
	City Arlington	State VA	Zip Code 22207	Transaction ID : SA11AI.5833 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer	Occupation	1	Payroll deduction			
	First Colonies Anesthesia	Physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
	CUBTOTAL of Receipts This Page (optional)			450.00			

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
Any information copied from such Reports and or for commercial purposes, other than using t			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE			
A. Full Name (Last, First, Middle Initial) Dr. Thomas Malone Mailing Address 11667 Fairmont Place	State	Zip Code	Date of Receipt			
ljamsville	MD	21754	Transaction ID : SA11AI.5813 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		225.00			
Name of Employer	Occupation	1	Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 600.00]			
Full Name (Last, First, Middle Initial)						
B. Dr. Mollyann March			Date of Receipt			
Mailing Address 6504 Greentree Road						
City	State	Zip Code	Transaction ID : SA11AI.5795			
Bethesda	MD	20817	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		225.00			
Name of Employer	Occupation	1	Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate	Year-to-Date ▼				
Other (specify)		, 600.00				
Full Name (Last, First, Middle Initial) C. Dr. Stephen Martin						
Mailing Address 3336 O Street, NW						
City Washington	State DC	Zip Code 20007	Transaction ID : SA11AI.5869 Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	С		150.00			
Name of Employer	Occupation	1	Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		400.00]			
SUBTOTAL of Receipts This Page (optional).			600.00			

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

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	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 r		
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSOCIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Thomas Munro Mailing Address 311 Alderwood Dr. City Caitheraburg	State Zip Code MD 20878	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5814
Gaithersburg FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Asso Receipt For: Primary General Other (specify) ▼	MD 20878 C Occupation Physician Aggregate Year-to-Date ▼ 600.00	Amount of Each Receipt this Period 225.00 Payroll deduction
Full Name (Last, First, Middle Initial) B. Dr. Anna Noriega-Nalls Mailing Address 603 Queen Street #4 City Alexandria FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code VA 22314 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5870 Amount of Each Receipt this Period 300.00 Payroll deduction
Full Name (Last, First, Middle Initial) Dr. Denis O'Fallon Mailing Address 12123 Merricks Court City Monrovia FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State Zip Code MD 21770 C Occupation Physician Aggregate Year-to-Date ▼ 400.00	Date of Receipt M M 09 25 2011 Transaction ID : SA11AI.5815 Amount of Each Receipt this Period 150.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional)		675.00

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

Use separate schedule(s) for each category of the

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11	EMIZED RECEIPTS		for each category of the Detailed Summary Page		11a 13		11b 14	11c	12 16	17	
	ny information copied from such Reports and S for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL A		ON	CO	ммітт	ΓEE		
Α.	Full Name (Last, First, Middle Initial) Dr. Philip Owens				Date o	f Re	ceipt				
	Mailing Address 141 Adams Street, NW		м м	/	25	D / Y	2011	Y			
	City Washington	State DC	Zip Code 20001				on ID :	: SA11AI. Receipt th	.5871	3	
	FEC ID number of contributing federal political committee.	С					,	7	150	0.00	
	Name of Employer First Colonies Anesthesia	Occupation Physician			ayroll o	dedu	ction				
	Receipt For: Primary General Other (specify) ▼										
в.	Full Name (Last, First, Middle Initial) Dr. Kent Ozkum					f Re	ceipt				
	Mailing Address 10720 Dern Road						09 25 2011				
	City Emmisburg	State MD	Zip Code 21727		Transaction ID : SA11AI.5816 Amount of Each Receipt this Period 150.00						
	FEC ID number of contributing federal political committee.	С									
	Name of Employer First Colonies Anesthesia Asso	Occupation physician		- P:	ayroll d	ledu	ction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Paul Park						Date of Receipt				
	Aailing Address 821 Oak Knoll Terrace					09 25 2011					
	City Rockville	State MD	Zip Code 20850					: SA11AI. Receipt th		ł	
	FEC ID number of contributing federal political committee.	С					,	7	15	0.00	
	Name of Employer	Occupation			Payroll	aeau	Iction				
	First Colonies Anesthesia Receipt For:	Physician									
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00								
┢	SUBTOTAL of Receipts This Page (optional)					-	7		450	0.00	
T	'OTAL This Period (last page this line number	only)	····· •			_					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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ITEMIZED RECEIPTS			for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17				
	ny information copied from such Reports and S for commercial purposes, other than using the	rson for the purpose of soliciting contributions to solicit contributions from such committee.						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Kestutis Pauliukonis			Date of Receipt				
	Mailing Address 1813 Solitaire Lane			09 25 2011				
	City McLean	State VA	Zip Code 22101	Transaction ID : SA11AI.5873 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼							
в.	Full Name (Last, First, Middle Initial) Dr. Michael Peck	Date of Receipt 09 25 2011						
	Mailing Address 4 Farm Haven Court							
	City Rockville	State MD	Zip Code 20852	Transaction ID : SA11AI.5834 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		225.00				
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction				
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 600.00					
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Ramani Peruvemba	Date of Receipt						
	Mailing Address 8400 Tysons Trace Court	M M / D D / Y Y Y Y 09 25 2011						
	City Vienna	State VA	Zip Code 22182	Transaction ID : SA11AI.5874 Amount of Each Receipt this Period				
	FEC ID number of contributing federal political committee.	С		150.00				
	Name of Employer	Occupation	1	Payroll deduction				
	First Colonies Anesthesia	Physician						
	Receipt For:	Aggregate	Year-to-Date ▼					
	Other (specify)		400.00					
s	UBTOTAL of Receipts This Page (optional)		•••••	525.00				
T	OTAL This Period (last page this line number	only)	•••••					

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

Use separate schedule(s) for each category of the

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(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17			
	ny information copied from such Reports and S for commercial purposes, other than using the						
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSO	CIATES LLC POLITICA	AL ACTION COMMITTEE			
Α.	Full Name (Last, First, Middle Initial) Dr. Eugen Pirovic Mailing Address 3912 Calverton Drive			Date of Receipt			
	City Hyattsville	State MD	Zip Code 20782	09 25 2011 Transaction ID : SA11AI.5835 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00			
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
в.	Full Name (Last, First, Middle Initial) Dr. Jeffrey Richman Mailing Address 6906 Granite Ridge Ct.	Date of Receipt					
	City Baltimore	State MD	Zip Code 21209	09 25 2011 Transaction ID : SA11AI.5852 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	Payroll deduction					
	Name of Employer First Colonies Anesthesia Asso	Occupation physician					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
с.	Full Name (Last, First, Middle Initial) Dr. Charles Rizzuto	Date of Receipt					
	Mailing Address 6409 Pinehurst Road	Mailing Address 6409 Pinehurst Road					
	Baltimore	State MD	Zip Code 21212	Transaction ID : SA11AI.5853 Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	С		150.00 Payroll deduction			
	Name of Employer	Occupation	l				
	First Colonis Anesthesia Receipt For:	Physician	Maanda Data 🖛	_			
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00				
s	SUBTOTAL of Receipts This Page (optional)		•	450.00			
1	TOTAL This Period (last page this line number	only)					

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

Use separate schedule(s) for each category of the

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	for each cate Detailed Sum		X 11a 11b 11c 12 13 14 15 16 17			
			erson for the purpose of soliciting contributions e to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full)	STHESIA ASSOCIATES LL	C POLITIC	AL ACTION COMMITTEE			
A. Dr. Timothy Robinson Mailing Address 2212 Dalewood Ro	ad		Date of Receipt 09 25 2011			
City	State Zip Code		Transaction ID : SA11AI.5854			
Timonium	MD 21093		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		150.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	400.00]			
Full Name (Last, First, Middle Initial B. Dr. Jeremy Roth	Date of Receipt					
Mailing Address 913 Hillstead Drive	09 25 2011					
City	State Zip Code		Transaction ID : SA11AI.5796			
Lutherville	MD 21093		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		90.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼		240.00	1			
Full Name (Last, First, Middle Initial C. Dr. Alexander Rubin	Full Name (Last, First, Middle Initial) Dr. Alexander Rubin					
	Mailing Address 6611 Hunter Trail Way					
City	State Zip Code		Transaction ID : SA11AI.5817			
Frederick	MD 21702		Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C		150.00			
Name of Employer	Occupation		Payroll deduction			
First Colonies Anesthesia	Physician					
Receipt For:	Aggregate Year-to-Date ▼					
Primary General Other (specify) ▼		400.00	1			
SUBTOTAL of Receipts This Page (o	otional))	, 390.00			

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

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

Use separate schedule(s) for each category of the

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TIEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using			erson for the purpose of soliciting contributions e to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE
Full Name (Last, First, Middle Initial) Dr. Suzanne Scattergood Mailing Address 14700 Crossway Road City Rockville FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State MD C Occupation Physician Aggregate	Zip Code 20853 Year-to-Date ▼ 800.00	Date of Receipt
Full Name (Last, First, Middle Initial) B. Dr. Gerald Scheinman Mailing Address 8010 Summer Mill Court City Bethesda FEC ID number of contributing federal political committee.	State MD	Zip Code 20817	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5875 Amount of Each Receipt this Period 150.00
Name of Employer First Colonies Anesthesia Receipt For:	Occupation Physician Aggregate	Year-to-Date ▼ 400.00	Payroll deduction
Full Name (Last, First, Middle Initial) C. Dr. Mark Seymour Mailing Address 2932 Thurston Rd. City Frederick FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesai Asso Receipt For: Primary General Other (specify) ▼	State MD C Occupation physician Aggregate	Zip Code 21704 Year-to-Date ▼ 400.00	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5819 Amount of Each Receipt this Period 150.00 Payroll deduction
SUBTOTAL of Receipts This Page (optional))		600.00

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

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

Use separate schedule(s) for each category of the

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		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
Any information copied from such Reports and or for commercial purposes, other than using			erson for the purpose of soliciting contributions et a solicit contributions from such committee.					
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHE	ESIA ASSC	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Full Name (Last, First, Middle Initial) Dr. Nader Soliman Mailing Address 22905 David Mill Road City Germantown FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify)	State MD C Occupation Physician Aggregate	Zip Code 20876 Year-to-Date ▼ 400.00	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5876 Amount of Each Receipt this Period 150.00 Payroll deduction					
Full Name (Last, First, Middle Initial) B. Dr. Robert Study Mailing Address 6 Beall Spring Court	Otata	Zin Oode	Date of Receipt					
City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5836 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		150.00					
Name of Employer First Colonies Anesthesia	Occupatior Physician	1						
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 400.00						
Full Name (Last, First, Middle Initial) C. Dr. Lisa Sullivan			Date of Receipt					
Mailing Address 2454 Five Schillings Road								
City Frederick	State MD	Zip Code 21701	Transaction ID : SA11AI.5820 Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	С		150.00 Payroll deduction					
Name of Employer	me of Employer Occupation							
First Colonies Anesthsia	Physician							
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 400.00]					
SUBTOTAL of Receipts This Page (optional)			450.00					

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	y information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	IA ASSO	CIATES LLC POLITIC	AL ACTION COMMITTEE					
Α.	Full Name (Last, First, Middle Initial) Dr. Robert Sullivan Mailing Address 2454 Five Schillings Road	01-11-	7in Oode	Date of Receipt					
	City Frederick	State MD	Zip Code 21701	Transaction ID : SA11AI.5821					
	FEC ID number of contributing	С		Amount of Each Receipt this Period					
	federal political committee.								
	Name of Employer	Occupation		Payroll deduction					
	First Colonies Anesthesia	Physician							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
			gg						
В.	Full Name (Last, First, Middle Initial) Dr. Louis Swann			Date of Receipt					
	Mailing Address PO Box 6081	09 25 2011							
	City	State	Zip Code	Transaction ID : SA11AI.5837					
	McLean	VA	22106	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		Payroll deduction					
	Name of Employer	Occupation	1						
	First Colonies Anesthesia	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	33 - 3							
	Other (specify)	L	400.00						
C.	Full Name (Last, First, Middle Initial) Dr. John Tam			Date of Receipt					
	Mailing Address 10905 Cripplegate Road			09 / D D / Y Y Y Y 25 2011					
	City	State	Zip Code	Transaction ID : SA11AI.5877					
	Potomac	MD	20854	Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer	Occupation		Payroll deduction					
	First Colonies Anesthesia	Physician							
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General Other (specify) ▼		400.00						
s	UBTOTAL of Receipts This Page (optional)		•	450.00					

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

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17					
	ny information copied from such Reports and S for commercial purposes, other than using the								
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE							
Α.	Full Name (Last, First, Middle Initial) Dr. Rojack Tan			Date of Receipt					
	Mailing Address 507 Goodland Place			09 25 _ 2011					
	City Rockville	State MD	Zip Code 20850	Transaction ID : SA11AI.5838 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll deduction					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
В.	Full Name (Last, First, Middle Initial) Dr. Bernard Tsai	Date of Receipt							
	Mailing Address 10013 New London Drive	09 25 2011							
	City Potomac	State MD	Zip Code 20854	Transaction ID : SA11AI.5878 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	150.00							
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	 Payroll deduction 					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Reed Underwood			Date of Receipt					
	Mailing Address 1518 T Street, NW			09 25 2011					
	City Washington	State DC	Zip Code 20009	Transaction ID : SA11AI.5828 Amount of Each Receipt this Period					
	FEC ID number of contributing federal political committee.	С		150.00					
	Name of Employer	Occupation	l	_ Payroll deduction					
	First Colonies Anesthesia Asso	physician		_					
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00						
	CUBTOTAL of Receipts This Page (optional)			450.00					

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 13	11b	11c	12 16	17		
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	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	CIATES LLC POLITIC	AL ACTIC	ON CO	ммітт	ΈE				
Α.	Full Name (Last, First, Middle Initial) Dr. Arnaldo Valedon			Date of	Receipt					
	Mailing Address 22 Woodfield Court			м м 09	/ D 25	D / Y	2011	Y		
	City Reisterstown	State MD	Zip Code 21136		action ID of Each I					
	FEC ID number of contributing federal political committee.	С					150).00		
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll de	eduction					
	Receipt For: Primary General Other (specify) ▼	-	Year-to-Date ▼ 400.00							
в.	Full Name (Last, First, Middle Initial) Dr. Martha Van Clief	Date of	Date of Receipt							
	Mailing Address 405 Apple Grove Road	M M 09	09 25 2011							
	City Silver Spring	State MD	Zip Code 20904	Transaction ID : SA11AI.5799 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	e e e e e e e e e e e e e e e e e e e								
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Payroll de	eduction					
	Receipt For: Primary General Other (specify) ▼									
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Paul Van Nice			Date of	Receipt					
	Mailing Address 71401 Meadow Lane			м м 09	M = M / D = D / Y = Y = Y = Y					
	City Chevy Chase	State MD	Zip Code 20815		action ID of Each I					
	FEC ID number of contributing federal political committee.	С					150	0.00		
	Name of Employer	Occupation	1	Payroll d	eduction					
	First Colonies Anesthesia Receipt For:	Physician		_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
⊢	UBTOTAL of Receipts This Page (optional)				7		450	.00		

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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38

ITEMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
Any information copied from such Reports and or for commercial purposes, other than using th									
NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	SIA ASSC	OCIATES LLC POLITIC	CAL ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) A. Dr. Mark Vogt Mailing Address 1149 Colonial Road City McLean FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General	State VA C Occupation Physician Aggregate	Zip Code 22101	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5840 Amount of Each Receipt this Period 150.00 Payroll deduction						
Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Dr. Christopher Wahlgren Mailing Address 1200 Colvin Meadows Lane		400.00	Date of Receipt						
City Great Falls FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State VA C Occupation Physician Aggregate	Zip Code 22066 1 1 2 Year-to-Date ▼ 400.00	Transaction ID : SA11AI.5880 Amount of Each Receipt this Period 150.00 Payroll deduction						
Full Name (Last, First, Middle Initial) Dr. Timothy Wex Mailing Address 11429 Cedar Ridge Drive City Potomac FEC ID number of contributing federal political committee. Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	State VA C Occupation Physician Aggregate	Zip Code 20854	Date of Receipt						
SUBTOTAL of Receipts This Page (optional)			450.00						
TOTAL This Period (last page this line number	TOTAL This Period (last page this line number only)								

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and s r for commercial purposes, other than using th									
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	AL ACTION COMMITTEE								
Α.	Full Name (Last, First, Middle Initial) Dr. David Wheeler Mailing Address 7108 Collingwood Court			Date of Receipt						
	City	State MD	Zip Code 21075	09 25 2011 Transaction ID : SA11AI.5855						
	Elkridge FEC ID number of contributing federal political committee.	C		Amount of Each Receipt this Period						
	Name of Employer First Colonies Anesthesia	Occupation Physician	1	Paryoll deduction						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
в.	Full Name (Last, First, Middle Initial) Dr. Thomas Wherry Mailing Address 611 W. 2nd Street			Date of Receipt						
	City Frederick	State MD	Zip Code 21701	09 25 2011 Transaction ID : SA11AI.5800 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	Payroll deduction								
	Name of Employer First Colonies Anesthesia	Occupation Physician	1							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
с.	Full Name (Last, First, Middle Initial) Dr. Howard Wilpon			Date of Receipt						
	Mailing Address 18212 Wickham Road	State	Zip Code	09 / 25 / 2011						
	Olney	MD	20832	Transaction ID : SA11AI.5801 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	С		150.00						
	Name of Employer	Occupation	I	Payroll deduction						
	First Colonies Anesthesia Receipt For:	Physician		_						
	Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00							
5	SUBTOTAL of Receipts This Page (optional)		•	450.00						
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

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PAGE 31 OF

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	×	11a 13		11b	'	11c	12		17	
	y information copied from such Reports and S for commercial purposes, other than using the												
	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHES	CIATES LLC POLITIC	AL A	CTI	ON	I C	0	MMIT	TEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Monfold Wolf				Date c	of Re	eceip	ot					
	Mailing Address 4822 Tilly Dr.							25	SA11AI	2011		Y	
	City State Zip Code Sykesville MD 21784								leceipt t		bd		
	FEC ID number of contributing federal political committee.	С					1		, 1000 pt 1		50.C	00	
	Name of Employer	Occupation	I.	- P	ayroll	dedu	uctio	n					
	First Colonies Anesthesia Asso Receipt For:	Physician Aggregate	Year-to-Date ▼	_									
	Primary General Other (specify) ▼		400.00										
В.	Full Name (Last, First, Middle Initial) You Wu					of Re	eceip	ot					
	Mailing Address 910 Dunlavin Ct.				09 25 2011								
	City	State Zip Code MD 21093						Transaction ID : SA11AI.5856					
	Timonium	MD	/	Amount of Each Receipt this Period									
	FEC ID number of contributing federal political committee.	ů – Elektrik							Payroll deduction				
	Name of Employer First Colonies Anesthesia Asso		ayroll (dedu	ictior	ו							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 400.00										
<u>с</u> .	Full Name (Last, First, Middle Initial) Dr. Aiqin Yu				Date c	of Re	eceip	ot					
	Mailing Address 13508 Gumspring Road				м – N 09	/	D	25) / Y	2011	()	Y	
	City Rockville	State MD	Zip Code 20850					ID :	SA11A	.5881	od	_	
	FEC ID number of contributing federal political committee.	С					7		7	1	50.0	00	
	Name of Employer	Occupation		- P	ayroll	aeal	JCTIO	n					
	First Colonies Anesthesia	Physician											
	Receipt For:	Aggregate											
	Primary General Other (specify) ▼ 400.00												
s	UBTOTAL of Receipts This Page (optional)		••••••				,			4	50.0	0	
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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

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PAGE 32 OF

	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 Sta for commercial purposes, other than using the r			rson for the purpose of soliciting contributions				
$\Big\rangle$	NAME OF COMMITTEE (In Full) FIRST COLONIES ANESTHESI	A ASSO	CIATES LLC POLITIC/	AL ACTION COMMITTEE				
Α.	Full Name (Last, First, Middle Initial) Dr. Jungim Yun Mailing Address 2057 Thurston Road City Frederick FEC ID number of contributing federal political committee.	State MD	Zip Code 21704	Date of Receipt 09 25 2011 Transaction ID : SA11AI.5823 Amount of Each Receipt this Period 150.00				
	Name of Employer First Colonies Anesthesia Receipt For: Primary General Other (specify) ▼	ne of Employer t Colonies Anesthesia eipt For: Primary General Aggregate Year-to-Date ▼						
в.	Full Name (Last, First, Middle Initial)	Otata	7in Oada	Date of Receipt				
	City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amount of Each Receipt this Period				
с.	Full Name (Last, First, Middle Initial)			Date of Receipt				
	City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) ▼	State C Occupation Aggregate	Zip Code	Amount of Each Receipt this Period				
s	UBTOTAL of Receipts This Page (optional)		•	150.00				
т	OTAL This Period (last page this line number or	nly)	•	12480.00				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER: PAGE 33 OF 38			
IT	EMIZED DISBURSEMENTS	for each cat	e schedule(s) egory of the mmary Page	(check only 21b 27	-			
	y information copied from such Reports and Stater for commercial purposes, other than using the nan							
\square	NAME OF COMMITTEE (In Full)							
$\left \right\rangle$	FIRST COLONIES ANESTHESIA	ASSOCIA	TES LLC	POLITICAL	_ ACTION COMMITTEE			
<u> </u>	Full Name (Last, First, Middle Initial)				Data of Diskurgement			
А.	Citizens for Dan Morhaim				Date of Disbursement			
	Mailing Address 8 Park Center Court				09 21 2011			
	City Owings Mills		ip Code 21117		Transaction ID : SB23.5775			
	Purpose of Disbursement Contribution							
	Candidate Name				Amount of Each Disbursement this Period			
				Category/ Type	500.00			
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify	General					
	State: District:		, .					
В.	Full Name (Last, First, Middle Initial) Committee to Elect Bobby Zirkin				Date of Disbursement			
	Mailing Address 10995 Owings Mill Blvd., Suite 220	0			07 11 2011			
	City	State Z	ip Code					
	Owings Mills		21117		Transaction ID : SB23.5759			
	Purpose of Disbursement			· · · ·]	Amount of Each Disbursement this Period			
	Candidate Name			Category/ Type	250.00			
	Office Sought: House Disburser Senate President	nent For: Primary [Other (specify	General) ▼					
	State: District:							
C.	Full Name (Last, First, Middle Initial) Committee to Elect Eric Bromwell				Date of Disbursement			
	Mailing Address 1 Minte Drive				09 / 12 / Y Y Y Y 2011			
	City Saltimore		ip Code 21236		Transaction ID : SB23.5769			
	Purpose of Disbursement		1230					
	Candidate Name			Category/ Type	Amount of Each Disbursement this Period 500.00			
	Office Sought: House Disburser Senate President	nent For: Primary Other (specify	General) ▼					
	State: MD District:							
s	UBTOTAL of Disbursements This Page (optional)			····· ►	1250.00			
т	OTAL This Period (last page this line number only)			••••••				

S	CHEDULE B (FEC Form 3X)			FORI		NUMBER: PAGE 34 OF 38
IT	EMIZED DISBURSEMENTS				k only	one)
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	y information copied from such Reports and Stater for commercial purposes, other than using the nan			ed by any	perso	n for the purpose of soliciting contributions
$\left[\right]$	NAME OF COMMITTEE (In Full)					
	FIRST COLONIES ANESTHESIA	ASSOC	IATES LLC	POLITI	ICAL	ACTION COMMITTEE
Δ	Full Name (Last, First, Middle Initial)					Date of Disbursement
Λ.	Friends of Big Ed Reilly					
	Mailing Address 1749 Urby Drive					09 12 2011
	- 7	State	Zip Code			Transaction ID : SB23.5777
	Crofton Purpose of Disbursement	MD	21114		_	
	Contribution			· · · ·		Amount of Each Disbursement this Period
	Candidate Name			Category Type	ry/	200.00
	Office Sought: House Disburser	nent For: Primary Other (spe	General			
	State: MD District:	Other (Spe	Siry) 🔻			
	Full Name (Last, First, Middle Initial)					
В.	Friends of JB Jennings					Date of Disbursement
	Mailing Address 6 Bladen St. Room 326					07 11 2011
	City S Annapolis	State MD	Zip Code 21401			Transaction ID : SB23.5762
	Purpose of Disbursement			· · · ·		Amount of Each Disbursement this Period
	Candidate Name			Category Type	ry/	250.00
	Office Sought: House Disburser Senate President	ment For: Primary Other (spee	General Gify) ▼			
	State: District: Full Name (Last, First, Middle Initial)					
C.	Friends of Kathy Klausmeier					Date of Disbursement
	Mailing Address 4100 Walter Ave.					M / D / Y
	5	State	Zip Code			Transaction ID : SB23.5766
	Baltimore	MD	21236			
	Purpose of Disbursement					Amount of Each Disbursement this Period
	Candidate Name			Category Type	ry/	250.00
	Office Sought: House Disburser	ment For: Primary Other (spec	General cify) ▼			
_	State: MD District:					
s	UBTOTAL of Disbursements This Page (optional)					700.00
т	OTAL This Period (last page this line number only))				

S	CHEDULE B (FEC Form 3X)			FOR LINE	NUMBER PAGE 35 OF 38					
IT	EMIZED DISBURSEMENTS		te schedule(s) tegory of the	(check only	y one)					
	_		mmary Page	21b	22 X 23 24 25 26 28a 28b 28c 29 30b					
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	for commercial purposes, other than using the nam									
$\left[\right]$	NAME OF COMMITTEE (In Full)									
	FIRST COLONIES ANESTHESIA	ASSOCIA	TES LLC F	POLITICAL	ACTION COMMITTEE					
^	Full Name (Last, First, Middle Initial)				Date of Disbursement					
А.	Friends of Kirill Reznik									
	Mailing Address 18469 Stone Hollow Dr.				07 11 2011					
	,		Zip Code		Transaction ID : SB23.5761					
	Germantonw Purpose of Disbursement	MD	20874							
	Fulpose of Disbursement				Amount of Each Disbursement this Period					
	Candidate Name			Category/	250.00					
	Office Sought: House Disburser	nent For:		Туре	230.00					
	Senate	Primary	General							
		Other (specify	/) 🔻							
	State: District:									
в.	Full Name (Last, First, Middle Initial)				Date of Disbursement					
υ.	Friends of Robert Gargiola									
	Mailing Address 11 Balden Street Room 104				08 04 2011					
	- 5		Zip Code		Transaction ID : SB23.5768					
	Annapolis Purpose of Disbursement		21401							
					Amount of Each Disbursement this Period					
	Candidate Name			Category/ Type	500.00					
	Office Sought: House Disbursen	nent For:		Type	7 7					
	Senate	Primary	General							
	State: MD District:	Other (specify	/) 🔻							
	Full Name (Last, First, Middle Initial)									
C.	People for Pendergrass				Date of Disbursement					
					07 11 2011					
	Mailing Address PO Box 6711				07 11 2011					
	5		Zip Code		Transaction ID : SB23.5765					
	Columbia Purpose of Disbursement	MD	21045							
					Amount of Each Disbursement this Period					
	Candidate Name			Category/ Type	250.00					
	Office Sought: X House Disburser									
	Senate President	Primary Other (specify	General							
	State: MD District:	Culei (specil)	() ▼							
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S	CHEDULE B (FEC Form 3X)			FOR LINE I			PAG	GE 36	OF 38			
	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only	one)								
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	ny information copied from such Reports and Staten for commercial purposes, other than using the name			d by any perso	n for the p	urpose o	f soliciting	g contribu	itions			
\setminus	NAME OF COMMITTEE (In Full)		_	_								
	FIRST COLONIES ANESTHESIA	ASSOCIATES	LLC F	POLITICAL	. ACTIO	N CO	MMIT	ΓEE				
<u> </u>	Full Name (Last, First, Middle Initial)											
А.	Supports of Thomas Middleton	Date of Disbursement										
	Mailing Address 11 Bladen Street					08 04 2011						
	,	State Zip Co	de		Transa	ction ID	: SB23.57	67				
	Annapolis Purpose of Disbursement	MD 21401										
					Amount	of Each	Disbursen	nent this	Period			
	Candidate Name			Category/	· · · ·			50	0.00			
	Office Sought: House Disbursen	nent For:		Туре			,					
			eneral									
	State: MD District:	Other (specify)										
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	Purpose of Disbursement		Amount of Each Disbursement this Period									
	Candidate Name			Amount	of Each	Disbursen	nent this	Period				
			Category/ Type	L								
	Office Sought: House Disbursen	nent For:										
		Primary Ge Other (specify)	eneral									
	State: District:											
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C.		Date of Disbursement										
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	City											
	Purpose of Disbursement											
	Candidate Name Category/					of Each	Disbursen	nent this	Period			
	Office Sought: House Disbursen	aant Ear		Туре								
	-		eneral									
		Other (specify)										
_	State: District:											
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т	OTAL This Period (last page this line number only)			••••••				3450	0.00			

S	CHEDULE B (FEC Form 3X)		F	OR	LINF	NI	IMBER	:		PA	GE 37	OF 38				
ITEMIZED DISBURSEMENTS		Use separate schedule(s) for each category of the			k on	ly or	ne)	-	1.00							
		Detailed Summary Page			21b 27	\vdash	22 28a	-	23 28b	24 28c	25 X 29	26 30b				
	ny information copied from such Reports and Staten for commercial purposes, other than using the name										ig contribu					
\land	NAME OF COMMITTEE (In Full)															
	FIRST COLONIES ANESTHESIA	ASSOCIATES LLC	POL	_IT	ICA	L	ACTI	ON	I CC	DMMIT	TEE					
<u>د</u>	Full Name (Last, First, Middle Initial)															
Α.	- Barbara Marx Brocato & Associates							Date of Disbursement								
	Mailing Address 18 Pinkney Street															
	City State Zip Code Annapolis MD 21401						Transaction ID : SB29.5772									
	Annapolis Purpose of Disbursement	MD 21401														
	Lobbying fees						Amount of Each Disbursement this Period									
	Candidate Name	_	Cat T	ego ype	,				7		125	0.00				
	Office Sought: House Disburser Senate President Image: Senate	nent For: Primary General Other (specify) v														
	State: District:					-										
в.	Full Name (Last, First, Middle Initial) Barbara Marx Brocato & Associates					Date of Disbursement										
	Mailing Address 18 Pinkney Street						09 20 2011									
	Annapolis	State Zip Code MD 21401					Transaction ID : SB29.5785									
	Purpose of Disbursement Lobbying fees							nt of	Fach	Dishurse	ment this	Period				
	Candidate Name	Category/ Type				Amount of Each Disbursement this Period 1250.00										
		nent For: Primary General Other (specify) ▼														
_	State: District: Full Name (Last, First, Middle Initial)					-										
C.	Friends of Anthony G. Brown						Date of Disbursement									
	Mailing Address 100 State Circle							Í		4	2011					
		State Zip Code				Transaction ID : SB29.5781										
	Annapolis MD 21401 Purpose of Disbursement															
	Contribution Candidate Name						Amour	nt of	Each	Disburse	ment this	_				
				ego ype			L.		7		25	0.00				
	Office Sought: House Disburser Senate President Image: Construct to the senate s	nent For: Primary General Other (specify) ▼														
Г							_	_		_						
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 38 OF 38						
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c 29 30b						
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NAME OF COMMITTEE (In Full)									
FIRST COLONIES ANESTHESI	A ASSOCIATES LLC I	POLITICAL	ACTION COMMITTEE						
Full Name (Last, First, Middle Initial) A. PB Dye Golf Management	Date of Disbursement								
Mailing Address 9526 Doctor Perry Road									
City Ijamsville	Transaction ID : SB29.5786								
Purpose of Disbursement Dinner meeting expenses		Amount of Each Disbursement this Period							
Candidate Name		Category/ Type	1682.20						
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) B.		Date of Disbursement							
Mailing Address									
City									
Purpose of Disbursement			Amount of Each Disbursement this Period						
Candidate Name		Category/ Type							
Office Sought: House Disbur Senate President	sement For: Primary General Other (specify) ▼								
State: District:									
Full Name (Last, First, Middle Initial) C.	Date of Disbursement								
Mailing Address									
City									
Purpose of Disbursement	Amount of Each Disbursement this Period								
Candidate Name		Category/ Type							
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